1130000 61083

(Requestor's Name)				
(Address)				
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



07/15/19--0000--000 ++00.00

211. 12. 13. 15. 15. 15. 22.

Y SULKER
JUL 23 2019

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Anthony S Gale LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Gale	
(Name of Person)	
Anthony S Gale LLC	
(Firm/Company)	
11921 Cherry Street	
(Address)	
Los Alamitos, CA 90720	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Anthony Gale

.,657

222-7533

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability	ty company is				_•
2.	The Articles of Organization	were filed on MA	AY 07, 2013	· · -	and assigned	
	document number 113000067	083				
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b listed as the document's effective date on the Department of State's records.				i ot be	
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the	e limited liabil back cover let	ity company's ter).	dissolution pursuant to sect	ion
	Business is no longer profitable	• •		,		
5.	If there are no members, entactivities and affairs:	er the name and ac	Idress of the po	erson appointed	d to wind up the company's	- - 3
		11921 Cherry Stre	et Los Alamito	s, CA 90720		
						-
6. lis	Signature of an authorized p	erson or if there an apany's activities a	re no members and affairs:	, the signature	of the person appointed and	Ė
				Situ	ast GAG	<u>.</u>
	Signature			Printe	ed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

Anthony S Gale 11 C

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	O Odic LLO
	L13000067083
• • • • • • • • • • • • • • • • • • • •	
Date of dissolution was: April 11, 2019	_
Description of information that must be included in a v	vritten claim:
Business is no longer profit	able.
	7.11
Mailing address where claims can be sent: (Claims can	anot be sent to the Division of Corporations)
Anthony S. Gale	
11921 Cherry Street	N
Los Alamitos, Ca 90720	0
	
A claim against the above named limited liability comp claim is commenced within 4 years after the filing of the	· •
claim is commenced within 1 years after the ming of a	
Χ	(()) (00 ()
Printed Name of the Person Filing	Signature of the Person Filing
Timed Name of the Leison Filling	organistic of the release rating

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00