

213000116841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

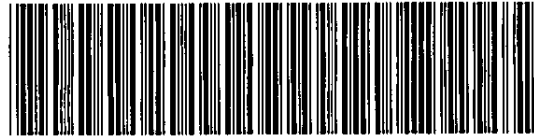
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 25 11:14:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 28 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 101341 7952615

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 21, 2014

ORDER TIME : 2:26 PM

ORDER NO. : 101341-010

CUSTOMER NO: 7952615

DOMESTIC FILINGS

NAME: GAMSQUAD, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

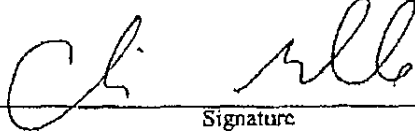
ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
GAMSQUAD, LLC
2. The Articles of Organization were filed on 08/19/2013 and assigned
document number L13000116841
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)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No longer doing business

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Chris Gamble

6400 Boynton Beach
Boynton Beach, FL 33437
Post Office PO BOX 24102

6. Signature of an authorized person or if there are no members, the signature of the person appointed
listed above to wind up the company's activities and affairs:



Signature

Chris Gambe

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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