

L1300017257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

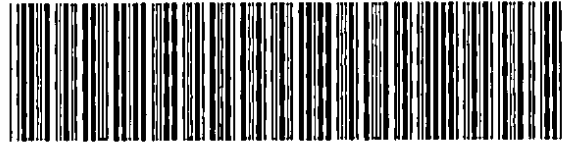
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALLAHABAD, FLORIDA
NOV -4 PM 3:13

ALLAHABAD, FLORIDA

2018 NOV -4 PM 1:05

FILED

T. LEIMEX

NOV 0 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 11/4/2019

PRIORITY Routine

OUR REF # (Order ID#) 779759

ORDER ENTITY
GALWAY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
GALWAY LLC (FL)

File the attached dissolution document and provide a certified copy as evidence.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
GALWAY LLC

2. The Articles of Organization were filed on 12/13/2013 and assigned
document number L13000172579

3. The delayed effective date the dissolution is not effective on the date of filing: 11/4/19
(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 be
listed as the document's effective date on the Department of State's records.

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).
The consent of all the members

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

81C Sherwood Pl.

Greenwich, CT 06830

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

Michael P. Hynes
Signature

Michael Hynes

Printed Name

FILING FEE: \$25.00

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NOV - 4 P 1:05
TALLAHASSEE FLORIDA

2019 NOV - 4 P 1:05

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