# L14000004168

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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#### **COVER LETTER**

TO: Registration Section

Division of Corporations

### ENTERPRISE GF, 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:

CAROLYN KAHL (Name of Person) C/O ROCA GONZALEZ P.A. (Firm/Company) 3370 MARY STREET (Address) MIAMI, FL 33133 (City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN KAHL

(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 company is ENTERPRISE GF, LLC	·	
2. The Articles of Organization were filed on 01/08/	2014 and assigned	
document number L14000004168		
3. The delayed effective date the dissolution if not e (effective date cannot be prior to or Note: If the date inserted in this block does not meet listed as the document's effective date on the Department.	more than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will not be	
4. A description of occurrence that resulted in the li 605.0707, Florida Statutes, (copy 605.0707 on ba	imited liability company's dissolution pursuant to section ck cover letter).	
UNANIMOUS WRITTEN CONSENT OF THE MEM	ABERS	
5. If there are no members, enter the name and additactivities and affairs:	ress of the person appointed to wind up the company's	
	> v. Ce:	2015
		SED COM
		<u>ن</u> [
6. Signature of an authorized person or if there are listed above to wind up the company's activities and	no members, the signature of the person appointed and conditions:	7
Maul.	GIANPAOLO GOTTARDI	3: ∑ 26
Signature	Printed 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.

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

Name of Limited Liability Company: ENTERPRISE GF, LLC			
Document number of Limited Liability Company is: L14000004168	-		
Date of dissolution was: 08/27/2015	<del>-</del>		
Description of information that must be included in a written claim:			
1) Name and mailing address of the person/entity making the claim	_		
2) Description of the nature of the claim and events giving rise to the claim	_		
3) Statement of the amount of the claim			
4) Any other information relevant to the claim	_		
	_		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	SEUN TALLA	2015 SEP	672°
ENTERPRISE GF, LLC	HAS	ΞP -3	राज्या दुरका
C/O ROCA GONZALEZ P.A.	SEE TO	3 PM	
3370 MARY STREET	E033	ငှာ	7134
MIAMI, FL 33133		26	
	ri .		

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

**GIANPAOLO GOTTARDI** 

Printed Name of the Person Filing

Signature of the Person Filing

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