

| (Requestor's Name) |
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| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--------------------------|-------------------------------------|----------------|------------------|----|
| SUBJECT: GNY MANAGEMENT, LLC. | | | | | |
| | of Limited Liability Cor | npany | | | |
| The enclosed Statement of Revocation of Disso submitted for filing. | lution for Florida Limit | ed Liability Company a | and fee(s) are | | |
| Please return all correspondence concerning this | s matter to: | | | | |
| GABRIELLA NYERGES | | | | | |
| Contact Person | | _ | | | |
| Firm/Company | | _ | | | |
| 1007 N FEDERAL HWY # 329 | | | 5 50 | 26 | |
| Address | | _ | F0. | 201 1 AUG | ~ |
| FORT LAUDERDALE, FL 33304 | | | HAS | C : 3 | |
| City, State and Zip Code | e | _ | 다 사무 | 3 P# | 17 |
| GKAMONDI@YAHOO.COM | | | E STAT | 11 2 4 | |
| E-mail address: (to be used for future annua | al report notification) | _ | 200 | - | |
| For further information concerning this matter. | please call: | | | | |
| GABRIELLA NYERGES | 954 at (| 210 - 0630 | | | |
| Name of Contact Person | Area Code | Daytime Telephone | e Number | | |
| STREET ADDRESS: Registration Section | | MAILING ADDRES Registration Section | | | |

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

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

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

| 1. | GNY MANAGEMENT, LLC. The name of the company is: |
|----|--|
| 2. | The document number of the company is |
| 3. | O5/25/2018 The effective date the Dissolution was filed is |
| 4. | 08/06/2018 The revocation of dissolution was authorized on |
| 5. | A copy of the Articles of Dissolution is attached. |
| | Signature of person authorized to submit the revocation of dissolution ACCO AND |
| | Filing Fee: \$100.00 Certified Copy: \$30.00 (optional) |

FILED May 25, 2018 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State: GNY MANAGEMENT, LLC.

The document number of the limited liability company: L14000074975

The file date of the articles of organization: May 8, 2014

The effective date of the dissolution if not effective on the date of filing: May 25, 2018

A description of occurance that resulted in the limited liability company's dissolution:

OUR MAIN LEAD BUSINESS PROVIDER IS NOT EXISTING ANYMORE, SO WE HAVE NO BUSINESS ANYMORE.

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GABRIELLA NYERGES

Electronic Signature of authorized person