

U400078360

(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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2015 FEB -3 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 11 2015  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GL E-Travel Solutions 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:

Luiz Gustavo Lessa

(Name of Person)

(Firm/Company)

7209 Bay Club Way

(Address)

Orlando/ FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Luiz Gustavo Lessa

(Name of Person)

407

860 0280

at ( )

(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

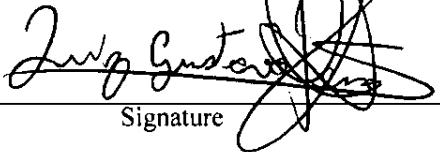
**STREET/COURIER ADDRESS:**

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

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

1. The name of a limited liability company is  
GL E-Travel Solutions LLC
2. The Articles of Organization were filed on 05/14/2014 and assigned  
document number L14000078360
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).  
I opened this company for a project but I never used it due to personal problems.  
I need to close it because this project is not in the line anymore.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Luiz Gustavo Lessa  
7209 Bay Club Way - Orlando/FL 32835
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:

  
Signature

Luiz Gustavo Lessa  
Printed Name

**FILING FEE: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**FILED**