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Florida Department of State Division of Corporation State Stat

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-175

Phone : (407)898-1757 Fax Number : (407)897-5336

LLC DISSOLUTION OR WITHDRAWAL

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GMEB IMPORT AND EXPORT LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

GMEB IMPORT AND EXPORT 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:

RAFAELA MARTINS

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

5301 CONROY RD STE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAELA MARTINS

,407

898-1757

(Name of Person)

(Arca 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 I GMEB IMPORT AND E	• • •	·
. The Articles of Organiz	tation were filed on 07/31/2014	and assigned
document number [,140	000120536	
Note: If the date inserted	ate the dissolution if not effective on the date of fictive date cannot be prior to or more than 90 days later than d in this block does not meet the applicable statutory fill effective date on the Department of State's records.	iling: date document is received for filing) ing requirements, this date will not be
605.0707, Florida Statut	ence that resulted in the limited liability company'es, (copy 605.0707 on back cover letter). S APPROVED BY THE MEMBERS.	s dissolution pursuant to section
		2011 1AL
i. If there are no members, enter th activities and affairs:	, enter the name and address of the person appoint	ted to wind up the campany
		FOF A
	1 to	8: 24 STATE ORIDA
Signature of an authorizated above to wind up the	ed-person or if there-are no members, the signature company's activities and affairs:	e of the person appointed and.
- Coffee	<u> </u>	N LYSIAS SPINA
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