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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC NATIONWIDE, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elvis Mons
Contact Person

Firm/Company

9545 SW 24 ST, # B-309
Address

Miami, FL 33165
City, State and Zip Code

elvismg.USA@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxana Benitez at (786) 424-1294
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:

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

MAILING ADDRESS:

**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. The name of the company is: GC NATIONWIDE, LLC
2. The document number of the company is L14000131562
3. The effective date the Dissolution was filed is 4/7/2016
4. The revocation of dissolution was authorized on 4/7/2016
5. A copy of the Articles of Dissolution is attached.

X *afef*
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

GC NATIONWIDE, LLC.

Filing Information

Document Number	L14000131562
FE/EIN Number	47-1654882
Date Filed	08/21/2014
Effective Date	08/17/2014
State	FL
Status	INACTIVE
Last Event	VOLUNTARY DISSOLUTION
Event Date Filed	04/07/2016
Event Effective Date	04/07/2016

Principal Address9545 SW 24TH ST
STE B-309
MIAMI, FL 33165

Changed: 03/05/2015

Mailing Address9545 SW 24TH ST
STE B-309
MIAMI, FL 33165

Changed: 03/05/2015

Registered Agent Name & AddressMONS, ELVIS
9545 SW 24TH ST
STE B-309
MIAMI, FL 33165

Address Changed: 03/05/2015

Authorized Person(s) Detail**Name & Address**

Title MGR

MONS, ELVIS
9545 SW 24TH ST STE B-309
MIAMI, FL 33165

Title MGR

CORONEL, LUIS
3300 SW 6TH ST
MIAMI, FL 33135

Annual Reports

Report Year	Filed Date
2015	03/05/2015

Document Images

<u>04/07/2016 -- VOLUNTARY DISSOLUTION</u>	View image in PDF format
<u>03/05/2015 -- ANNUAL REPORT</u>	View image in PDF format
<u>08/21/2014 -- Florida Limited Liability</u>	View image in PDF format

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State of Florida, Department of State

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