

L14000 151442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

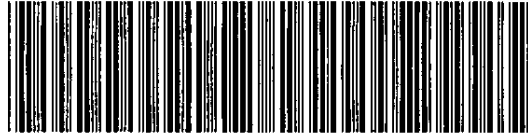
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 10 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GTV Advisors, 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:

Brian Jasiorkowski

(Name of Person)

(Firm/Company)

42208 FISHER ISLAND DRIVE

(Address)

MIAMI BEACH FL 33109-1294

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Jasiorkowski

(Name of Person)

at 917 763-0850

(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

GTV Advisors, LLC

2. The Articles of Organization were filed on 9/24/14 and assigned

document number L14000151442

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Change of LLC domicile

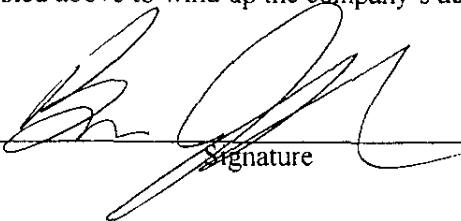
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Brian Jasiorkowski

42208 Fisher Island Dr.

Miami Beach, FL 33109-1294

15 SEP - 11
DEPT. OF STATE
TALLAHASSEE, FLORIDA
AH ID: 11

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

Brian Jasiorkowski

Printed Name

FILING FEE: \$25.00