

L14000165919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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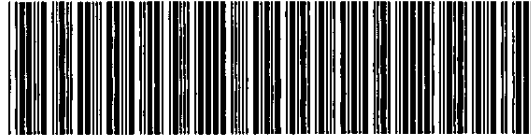
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN 29 PM 1:33  
SHELBY COUNTY STATE  
TALLAHASSEE, FLORIDA

JUN 30 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GGC CONSULTING 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:

ADELE GONZALEZ

\_\_\_\_\_  
Contact Person

GGC CONSULTING LLC

\_\_\_\_\_  
Firm/Company

6403 SW 5TH STREET

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33023

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADELE GONZALEZ

\_\_\_\_\_  
Name of Contact Person

at ( 305 ) 761-1060

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

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

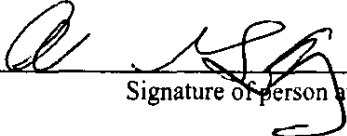
**MAILING ADDRESS:**

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.

- GGC CONSULTING LLC
1. The name of the company is: \_\_\_\_\_
- L14000165919
2. The document number of the company is \_\_\_\_\_
- 06/21/2016
3. The effective date the Dissolution was filed is \_\_\_\_\_
- 06/24/2016
4. 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

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

15 JUN 29 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**Jun 21, 2016**  
**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:

**GGC CONSULTING LLC**

The document number of the limited liability company: **L14000165919**

The file date of the articles of organization: **October 24, 2014**

The effective date of the dissolution if not effective on the date of filing: **June 21, 2016**

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

**MISREPRESENTATION BY MANAGING ASSOCIATE**

The name and address of the person appointed to wind up the company's activities and affairs:

**GUILLERMO A. GARTEIZ**  
**1460 W 43 PLACE #201**  
**HIALEAH, FL 33012**

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: **GUILLERMO A. GARTEIZ**

Electronic Signature of authorized person

**FILED**  
**16 JUN 29 PM 1:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**