

12/05/2016 09:29

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ARAZOZA & FERNANDEZ

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Division of Corporations

Florida Department of State

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

LLC DISSOLUTION OR WITHDRAWAL GOODMAN FINE ARTS, LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOODMAN FINE ARTS, 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:

LAURA KOHN

(Name of Person)

ARAZOZA & FERNANDEZ-FRAGA P.A.

(Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Person)

at (305) 444-6226 x 233
(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
GOODMAN FINE ARTS, LLC

2. The Articles of Organization were filed on 12/09/2014 and assigned
document number 1.14000188061

3. The delayed effective date the dissolution is not effective on the date of filing: 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).

THIS LIMITED LIABILITY COMPANY IS BEING DISSOLVED BY THE CONSENT OF

ALL THE MEMBERS.

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

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:

Giovanni Benedetti
Signature

GIOVANNI BENEDETTI

Printed Name

FILING FEE: \$25.00

FILED
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TALLAHASSEE, FLORIDA