

From: Leslie Perryman
4/22/2021

Fax: 14078411200

To:

Fax: (850) 617-6383

Page: 1 of 3

04/22/2021 11:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000161244 3)))



H210001612443ABCV

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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL
MINIKALL GP, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

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APR 27 2021

M. SOLOMON

(((H21000161244 3)))

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MINIKALL GP, LLC

2. The Articles of Organization were filed on February 12, 2015 and assigned

document number L15000026772

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).

Consent of the Member

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

Olga L. Gallego

8546 Palm Parkway, #362

Orlando, FL 32836

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:

Olga Lucia Gallego B.
Signature

Olga L. Gallego

Printed Name

FILING FEE: \$25.00

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2021 APR 22 PM 1:00

L15000026772

(((H21000161244 3)))

Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Minikall GP, LLCDocument number of Limited Liability Company is: L15000026772Date of dissolution was: Upon filing

Description of information that must be included in a written claim:

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Olga L. Gallego8546 Palm Parkway, #362Orlando, FL 32836

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Olga L. Gallego

Printed Name of the Person Filing

Olga L. Gallego B.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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2021 APR 22 PM 1:00

FILED