

L15000094986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200274807612

07/30/15--01001--014 \*\*110.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

15 JUL 29 PM 3:50

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

15 JUL 29 AM 9:23

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015  
J. HARRIS

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE  
TALLAHASSEE, FLORIDA 32312

(850) 656-4724

TOLL FREE 844-541-6792

---

## COVER LETTER

WALK IN

ENTITY NAME: GJL Consultants LLC

CK # 1847

AMOUNT: 55<sup>00</sup>

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR  
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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

1. The name of a limited liability company is

GJL Consultants LLC

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

document number L15000094986

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).

Pursuant to Florida Statutes §605.0701(2), the sole member, Gerald Lazar, has consented to dissolution.

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:



Signature

Dean L. Surkin, authorized person

Printed Name

**FILING FEE: \$25.00**

FILED  
15 JUL 29 AM 9:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA