

L15000212677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

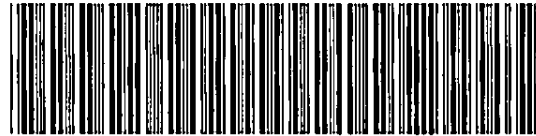
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
- spoke to sec. @ willis aolan
10/6/17 gave permission
to take out voluntary
dissolution pg. and file
notice of LLC dissolution

Office Use Only



000302558060

08/28/17--01018--009 **25.00

FILED
2 2017 OCT -6 PM 4:16
TALLAHASSEE, FLORIDA

D SCOTT
OCT 6 2017

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: GOF, LLC

Document number of Limited Liability Company is: L15000212677

Date of dissolution was: 8/9/17

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

Detailed basis for claim, amount of claim, and back-up
documentation supporting the claim.

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

Giovanni Mannella

322 E. Central Blvd., 1603

Orlando, FL 32801

FILED
2017 OCT -6 PM 4:16
TALLAHASSEE, FLORIDA

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.

Giovanni Mannella

Printed Name of the Person Filing

DocuSigned by:

Giovanni Mannella

D0857A64144494AE

Signature of the Person Filing

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