L 16000142778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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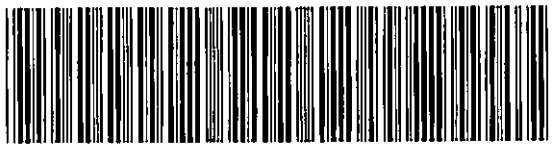

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DATE: **02/04/2025**

NAME: GAPP SOLUTIONS, L.L.C.

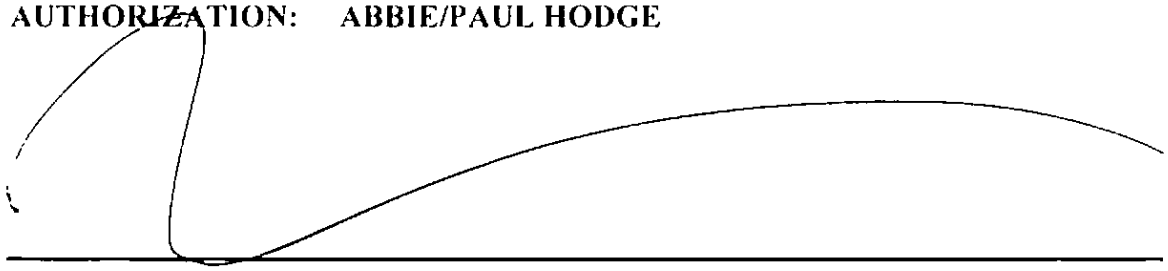
TYPE OF FILING: **DISSOLUTION**

COST: **25.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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FILED

1. The name of a limited liability company is:
GAPP SOLUTIONS, L.L.C.

2. The Articles of Organization were filed on 08/03/2016 and assigned document number L16000142778

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).
605.0701 (2) The consent of all members

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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

Gary A. Poon
Printed Name

FILING FEE: $25.00