Floridal Department of State Division of Corporations Electronic Hilling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017 Phone : (305)340-200

Phone : (305)340-2000 Fax Number : (786)953-6246

LLC DISSOLUTION OR WITHDRAWAL GFBRANDS LLC

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K. SALY JAN 17 2025

COVER LETTER

TO:

Registration Section Division of Corporations

GFBRANDS 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:

ALEX ORTIZ, CPA
(Name of Person)

E ALEX ORTIZ, CPA, PA

2727 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

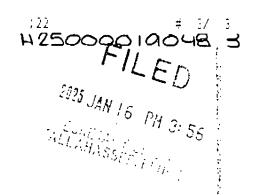
☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compa	uny et
2. The Articles of Organization were file	ed onand assigned
document number L16000182992	
(client evening)	ation if not effective on the date of filing; the prior to or more than 90 days later than date document is received by filing, lock not meet the applicable abstutory filing requirements, this date will not on the Department of State's records.
4. A description of occurrence that result 605,0707, Florida Statutes, (copy 605.	Ited in the limited liability company's dissolution pursuant to section.
	les of anyanization or operating agreement, upon the written consent of
If there are no members, enter the nan- activities and affairs:	me and address of the person appointed to wind up the company's
6. Signature of an authorized person or i listed above to wind up the company's ac	if there are no members, the signature of the person appointed and ctivities and affairs:
\ \\	
	PAOLA ANDRADE

FILING FEE: \$25.00