

L17000066623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

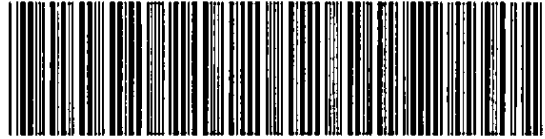
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

11/15/21

Office Use Only



400376434304

11/15/21--01031--013 \*\*25.00

FILED  
2021 NOV 15 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GONZALEE, 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:

TRAVERS S. PAULK

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3485 BEMISS ROAD

\_\_\_\_\_  
(Address)

VALDOSTA, GA 31605

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRAVERS S. PAULK

\_\_\_\_\_  
(Name of Person)

229

at (\_\_\_\_\_) \_\_\_\_\_

242-3306

(Area Code & Daytime Telephone Number)

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

1. The name of a limited liability company is  
GONZALEE, LLC

2021 NOV 15 PM 4:42

2. The Articles of Organization were filed on MARCH 23, 2017

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

document number L17000066623

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).

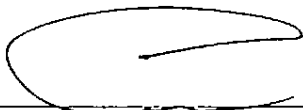
The purpose of the LLC has been completed and continuing to operate business is no longer viable.

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

3485 Berniss Road

Valdosta, GA 31605

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

Travers S. Paulk

Printed Name

**FILING FEE: \$25.00**