

# L18000129637

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

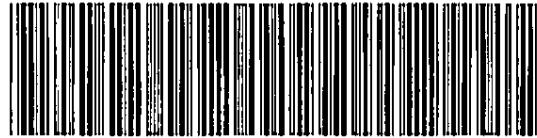
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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D. BRUCE  
AUG 16 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GAGAVEN SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GREGOR A GOMEZ AGREDA

\_\_\_\_\_  
Contact Person

GAGAVEN SERVICES LLC

\_\_\_\_\_  
Firm/Company

3425 MARSH RD

\_\_\_\_\_  
Address

KISSIMMEE, FL 34746

\_\_\_\_\_  
City, State and Zip Code

GAGOMEZ82@HOTMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGOR A GOMEZ AGREDA

\_\_\_\_\_  
Name of Contact Person

at ( 407 ) 202-5433

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

SECRETARY OF STATE  
TALLAHASSEE, FL

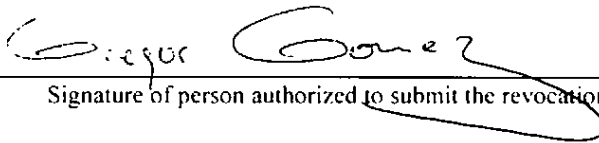
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

- GAGAVEN SERVICES LLC
1. The name of the company is: \_\_\_\_\_
- L18000129637
2. The document number of the company is \_\_\_\_\_
- 04/03/2020
3. The effective date the Dissolution was filed is \_\_\_\_\_
- 04/17/2020
4. The revocation of dissolution was authorized on \_\_\_\_\_
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)**

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -6 PM 3:41

**FILED**

**FILED**  
**Apr 03, 2020**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

GAGAVEN SERVICES LLC

The document number of the limited liability company: L18000129637

The file date of the articles of organization: May 23, 2018

The effective date of the dissolution if not effective on the date of filing: April 3, 2020

A description of occurrence that resulted in the limited liability company's dissolution:

NO INCOME BEING PRODUCED.

The name and address of the person appointed to wind up the company's activities and affairs:

GREGOR A GOMEZ AGREDA  
2102 CASCADES BLVD UNIT 304  
KISSIMMEE, FL 34741 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GREGOR A GOMEZ AGREDA

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Electronic Signature of authorized person