118000 249972

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(Address)
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(Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: GONHED	Uc
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	e following:
PENAR (Name	1Do ACOSTA of Person)
(Firm/Company)	
(Firm)	Company)
480 (Ac	NE 3074 ST APT 301 Idress)
DI An (City/State	1, FL 33137 and 2ip Code)
For further information concerning this matter, please call:	
REIMMO AZOSTA (Name of Person)	at (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



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FLORIDA DEPARTMENT OF STATE 2029 15

April 22, 2020

REINALDO ACOSTA, SR. 480 NE 30TH ST STE. 301 MIAMI, FL 33137

SUBJECT: GONHED, LLC. Ref. Number: L18000249972

We have received your document for GONHED, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00008400

Irene Albritton Regulatory Specialist II

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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ARTICLES OF DISSOLUTION FOR
A LIMITED LIABILITY COMPANY
1. The name of a limited liability company is GON HOD UC
2. The Articles of Organization were filed on $\frac{10/24/2018}{2018}$ and assigned
document number <u>L18000 2499 72</u>
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.
 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).
BUSNECO HAY SESTED OPENATION AT THE
ASSECTIONS OF All MANASENS
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
REINATIO ACOSTA
480 NE 301 5t - 5te 301
Miani, Fl 33137
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:
TENNALDS ACOSTA
Signature Printed Name

FILING FEE: \$25.00