118000265838

(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:
Special instructions to Filling Officer.
4085





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07/11/19--01006--031 **35.00

AUG 08 2019 S. YOUNG



July 22, 2019

CHRRYL L SARKOZY 1030 US HIGHWAY 1 #107 NORTH PALM BEACH, FL 33408

SUBJECT: GILSASA, LLC Ref. Number: L18000265838

We have received your document for GILSASA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 519A00014820

Shelia H Young Regulatory Specialist II

· CHERYL L SARKOZY 1030 US HIGHWAY 1, #107 NORTH PALM BEACH, FL 33408 561-312-2557

July 6, 2019

Department of State Division of Corporations Amendment Section PO Box 6327 Tallahassee, FL 32314

RE: Gilsasa, LLC, Document #L18000265838

To Whom It May Concern:

Please see attached Articles of Dissolution for Gilsasa, LLC. My address and phone number are stated above.

Thank you.

Regards.

Cheryl L. Sarkozy

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gilsasa LCa (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:
Chery Sarkozy (Name of Person)
9ilsasa CCC
1030 US HWY 1 #107
North Palm Beach 76 33408 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (56), 626 9392 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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, F1, 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	<u>Silsasa UC</u>
2.	The Articles of Organization were filed on $\frac{11-13-18}{2}$ and assigned
	document number <u>L 18000265</u> 838
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).
	9°L5a5a LLC did Not
	gelsasa LLC did Not ever Commence business
	20
_	
٥.	activities and affairs: (Sorkoz 4)
	1030 US AWY 1 #107
	UDRTK Palm Bch 71 33408
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ited above to wind up the company's activities and affairs:
	Signature Cherge Sarkory Printed Name
	Signature Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: 96650506
Document number of Limited Liability Company is: <u>L18000 265 838</u>
Date of dissolution was: $\frac{7}{5}$
Description of information that must be included in a written claim:
Nla
1 dilsasa LLC did NOT PUEIL COMMENCE DUSINESS
COMMENCE DUSINESS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Cherry Sarkozy
1030 US HWY 1 #107
1030 US HWY 1 # 107 Wozth Palm Beach 76 33408
A claim against the above named limited liability company will be barred unless a proceeding to enforce telaim is commenced within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Filing