## 119000093058

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #	<del>¥)</del>
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	<del></del> -
Certified Copies Certificates o	of Status
Special Instructions to Filing Officer:	
Office Use Only	



100378888551

01/05/22--01008--015 \*\*25.00

2022 JAN -5 PM 4: 43 SECRETARY OF COME

neitulaca

JAN 2.1 2022

D CUSHING

## **COVER LETTER**

	SELIEN
TO: Registration Section	
Division of Corporations	
od porations	•
SUBJECT:	a Gail LLC
(Name of L	a Garre CC
( veries VI Li	imited Liability Company)
The analogy to the	
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing
Please return all comments	tot ming.
Please return all correspondence concerning this matter	to the following.
	<b></b>
_	
- Gail I f	
	- Yalley
(1)	Trailey Name of Person)
- OLIMINS	-Gail LLC
(F	inn/Company)
5001 Su	) 20th St #7, 0-
	) 20th St, #7605 (Address)
	(Mouress)
Ocala	FI 20070 0
Caa	34414-8568
(City/St	FL 34474 - 8568 atc and Zip Code)
For further information concerning this matter, please call	ı.
Gall Engl	at (
- Call Litratley	ai(727 \ 735-1870
(Name of Person)	(Area Code & Daytima Tolant
	- Payune Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	S\$5.00 Filing Fee Contitue on
	S55.00 Filing Fee, Certificate of Dissolution & Contified Copy (additional copy is enclosed)
	·
Mailing Address:	
Registration Section	Street Address:
Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee
	2415 N. Monroe Street, Suita 810
	Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Gramma Gail LLC
2.	The Articles of Organization were filed on 4/9/2019 and assigned
	document number <u>L 19000093058</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/1/2022 (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).
	Sales of product is no longer profitable
	·
	enough to maintain or justify the
	business (LLC) thereof,
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Gail L Frailey
	5001 SW 20th St. #7605 3 2 Ocala, FL 34474-8565 3
	Ocala, FL 34474-8565 3
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Gail Frailey Signature  Gail Frailey Printed Name

FILING FEE: \$25.00