

L19 000 269 612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

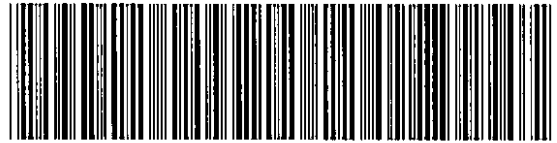
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/08/20--01005--023 **25.00

2020 APR 8 PM 1:53

FILED

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AM4 D155

APR 22 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gold Single Mom 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:

Sandra Gold

(Name of Person)

Gold Single Mom LLC

(Firm/Company)

1163 Essex Drive

(Address)

Wellington FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Gold

561

860-3321

at (_____) _____

(Name of Person)

(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
2020 APR 8
PH 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Gold Single Mom LLC

2. The Articles of Organization were filed on 10/28/2019 and assigned

document number L19000269612

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).

Decided to not start the business

Decided to not start the business

Decided to not start the business

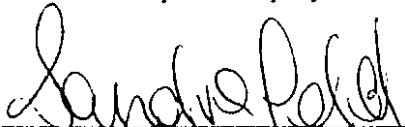
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Sandra Gold

1163 Essex Drive

Wellington FL 33414

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

Sandra Gold

Printed Name

FILING FEE: \$25.00