

L20 000000 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

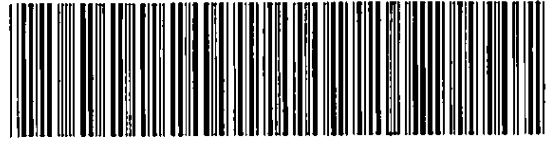
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/23--01035-- 004 **25.00

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2023 JUL 31 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FL

VRP

COVER LETTER

TO: Registration Section
Division of Corporations
GOSEMOS PARTNERS LLC

SUBJECT: _____
(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:

Raul Sanchez Elia

(Name of Person)

GOSEMOS PARTNERS LLC

(Firm/Company)

495 Brickell Ave , Suite 1101

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Sanchez Elia

917

8686082

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
GOSEMOS PARTNERS LLC

2. The Articles of Organization were filed on 12/18/2019 and assigned
document number L20000000642

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 15 2023
(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).

Members pursuing other Interests on
West Coast during pandemic

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SECRETARY OF STATE
TALLAHASSEE FL

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

RAUL SANCHEZ EWA

495 BRICKELL AV, Apt 1101

MIAMI, FL 33131

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:

Raul Sanchez Ewa
Signature

RAUL SANCHEZ-EWA
Printed Name

FILING FEE: \$25.00