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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 : (305)397-8553 Phone Fax Number : (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL GALCUB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

T. LEMIEUX MAR 2 2 2024

COVER LETTER

TO:	CO: Registration Section Division of Corporations				
SUBJE	GALCUB, LLC ECT:				
(Name of Limited Liability Company)					
The end	aclosed Articles of Dissolution and fee(s) are submitted for filing				
Please r	return all correspondence concerning this matter to the following	3:			
	ODELKIS MARRERO IGLESIAS				
(Name of Person)					
GALCUB, LLC					
	(Firm/Company)				
	520 NE 199TH TERRACE				
	(Address)				
	NORTH MIAMI BEACH, FL 33179				
	(City/State and Zip Coo	le)			
For furt	rther information concerning this matter, please call:				
	* · · · · · · · · · ·	86 972-6189			
	(Name of Person)	Area Code & Daytime Telephone Number)			
Enclosed	ed is a check for the following amount:	·			
	-) Filing Fee, Certificate of Dissolution & tified Copy (additional copy is enclosed)			
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Cerebral Corporations The Cerebral Corporations	ddress: ation Section on of Corporations ontre of Tallahassee Monroe Street, Suite 810 ossee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
		GALCUB, LLC	·	
2.	The Articles of Organization were filed on	07/24/2020	_ and assigned	
	document numberL20000211958			
3.	The delayed effective date the dissolution (effective date cannot be proposed.) Note: If the date inserted in this block does n listed as the document's effective date on the	ot meet the applicable statutory filing i	inchuseur is received for turns)	
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited liability company's dis on back cover letter).	ssolution pursuant to section	
	COMPANY OUT OF BUSINESS	•		
			2024 S.E. T.	
5.	If there are no members, enter the name an		o wind up the company	
	activities and affairs:		<u> </u>	
			30 ₹ !!	
		-	- F - C	
			58 	
			111	
6. ab	Signature of an authorized person or if ther ove to wind up the company's activities and	re are no members, the signature of d affairs:	the person appointed and listed	
	Oculist Plant morph cross (Mar 21, 2224 12, M EDT)	ODELKIS MAI	RRERO IGLESIAS	
_	Cimeture	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: GA	Liability Company: GALCUB, LLC		
Document number of Limited Liability Company is:	L20000211958		
Date of dissolution was:			
Description of information that must be included in a writing	ten claim:		
DETAILED INFORMATION ABOUT THE FACTS THAT LI	EAD TO THE CLAIM. ALSO PROVIDE CLEAR		
CONTACT DETAILS AS NAME, ADDRESS, EMAIL AND I	PHONE NUMBER TO BE CONTACTED.		
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)		
520 NE 199TH TERRACE			
/NORTH MIAMI BEACH, FL 33179			
1			
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this r			
ODELKIS MARRERO IGLESIAS	Oderbin from un Infanco (1/2 or 31, 2021 13 da 1/07)		
Printed Name of the Person Filing	Signature of the Person Filing		