

L20000243647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

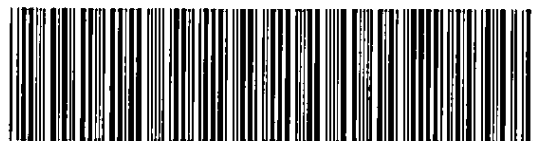
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400377113364

FILED

2021 NOV 29 AM 8:55

TALLAHASSEE, FLORIDA

RECEIVED

2021 NOV 23 PM 4:35

TALLAHASSEE, FLORIDA

V. SULKER

NOV 30 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2021

COGENCY GLOBAL INC

SUBJECT: GANDY GP, LLC
Ref. Number: L20000243647

We have received your document for GANDY GP, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 621A00028481

RECORDED
2021 NOV 29 PM 4:18
IN THE OFFICE OF THE
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **November 29, 2021**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1528805**

Entity Name: **GANDY GP, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$25.00**

Signature: *David Shulman*

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is .

GANDY GP, LLC

2. The Articles of Organization were filed on 8/20/2020 and assigned

document number L20000243647

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).

The entity is no longer needed.

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

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

Samantha Anderes, Treasurer

Printed Name

FILING FEE: \$25.00

FILED
2021 NOV 29 AM 8:51
CLERK OF STATE
TALLAHASSEE, FL