

L20000244441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

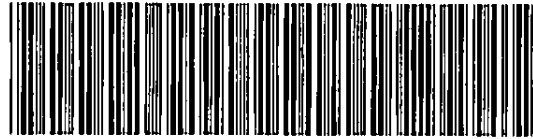
(Document Number)

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J. HORNE  
FEB - 8 2022

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2022 JAN 21 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

561-GOT-PAIN, 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:

YCNADUY GANGI

\_\_\_\_\_  
(Name of Person)

GANGI MOIGUER LAW

\_\_\_\_\_  
(Firm/Company)

175 S.W. 7TH STREET, SUITE 2004

\_\_\_\_\_  
(Address)

MIAMI, FL 33130

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

YCNADUY GANGI

305

777-0944

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**

1. The name of a limited liability company is  
561-GOT-PAIN, LLC

2. The Articles of Organization were filed on AUGUST 11, 2020 and assigned  
document number L2000024441

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 DISSOLUTION WAS APPROVED BY ALL OF THE MEMBERS OF THE COMPANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


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

4640 HYPOLUXO ROAD

SUITE #2

LAKE WORTH, FL 33463

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

MIGUEL A. MONTERO

Printed Name

**FILING FEE: \$25.00**

FILED

2022 JAN 21 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**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.

561-GOT-PAIN, LLC

Name of Limited Liability Company: \_\_\_\_\_

L20000244441

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

1- NAME AND MAILING ADDRESS OF PERSON/ENTITY MAKING A CLAIM;

2- DESCRIPTION OF THE NATURE OF THE CLAIM AND EVENTS GIVING RISE TO THE CLAIM;

3- STATEMENT OF THE AMOUNT OF THE CLAIM; AND

4- ANY OTHER INFORMATION RELEVANT TO THE CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

YCNADUY GANGI, ESQ.

GANGI MOIGUER LAW

175 S.W. 7TH STREET, SUITE 2004

MIAMI, FL 33130

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MIGUEL A. MONTERO

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00