

From: Elizabeth Miranda
12/10/24, 6:31 PM

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Page: 1 of 3

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Division of Corporations

L20000249895

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP
Account Number : I28140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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**LLC DISSOLUTION OR WITHDRAWAL
GAMA 2315, LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

DEC 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAMA 2315, 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:

Andres E. Tejidor, Esq.

(Name of Person)

Therrel Baisden, LLP

(Firm/Company)

1 SE 3rd Avenue Suite 2950

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Andres E. Tejidor, Esq.

305

371 -5758

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

3
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

GAMA 2315, LLC

2. The Articles of Organization were filed on 08/24/2020 and assigned

document number L20000249895

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).

VOLUNTARY DISSOLUTION BY CONSENT OF MEMBER.

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

ALVARO LORIA

Printed Name

FILING FEE: \$25.00

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