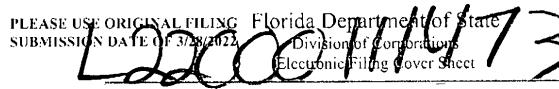
3/28/22, 5:52 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000113905 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL ADDRESS GOTHA, LLC

0 Certificate of Status Certified Copy 0 02 Page Count \$25.00 Estimated Charge

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T. LEMIEUX APR 12 2022

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited ADDRESS GOTIIA, LI			
2. The Articles of Organi	zation were filed on 3/17	/2022	_ and assigned
document number 1.22	000111473		
(ef Note: If the date inserte	fective date cannot be prior to o	effective on the date of filing or more than 90 days later than date et the applicable statutory filing rument of State's records.	: document is received for tiling) requirements, this date will not be
<ol> <li>A description of occur 605.0707, Florida Statu</li> </ol>	rence that resulted in the ites, (copy 605.0707 on b	limited liability company's disack cover letter).	ssolution pursuant to section
cancellation of LLC			
5. If there are no member activities and affairs:	s, enter the name and add	dress of the person appointed t	o wind up the company's
activities and alians.	20295 NE 29TH PI	LACE #200 AVENTURA, FL 33	1180 <b>20</b> 20
			PHER DU
6. Signature of an author above to wind up the com	ized person or if there are spany's activities and affa	e no members, the signature of pirs:	the person appointed and steed ORILL 25
	3	Kimberly Bowens	
Signature		Printed Name	

## 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: ADDRESS GOTHA. L	LC
Document number of Limited Liability Company is: L2200	0111473
Date of dissolution was: 3/20/2022	
Description of information that must be included in a written	en claim:
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
20295 NE 29TH PLACE #200 AVENTURA, FL 3318	0
A claim against the above named limited liability company claim is commenced within 4 years after the filing of this r	will be barred unless a proceeding to enforce the notice.
Lara Frius	Lara Fritts
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