L22000305830

(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:				
CU 4BG U				
JUH = 4 2024				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	GTMS CT:		
		f Limited Liability Company)	
The enc	losed Articles of Dissolution and fee(s) are	submitted for filing.	
Please re	eturn all correspondence concerning this ma	atter to the following:	
	German Montano		
		(Name of Person)	
	GTMS		
		(Firm/Company)	
*	3753 Crofton CΓ.		
		(Address)	
	Fort Myers / FL / 33916		
	(City/State and Zip Code)	
For furth	her information concerning this matter, plea	ise call:	
	German Montano	at ()	
★ Enclosed	(Name of Person) New address - 16157 Telesia check for the following amount:	at (at (
	i \$25.00 Filing Fee and Certificate of Dissolutio	n □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	Mailing Address:	Street Address:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability GTMS	y company is	
2.	The Articles of Organization	were filed on 07/08/2022	and assigned
	document number L2200030	5830	
3.	Note: If the date inserted in the	e dissolution if not effective on the date date cannot be prior to or more than 90 days later his block does not meet the applicable statuto ive date on the Department of State's records	than date document is received for filing) ry filing requirements, this date will not be
4.	A description of occurrence to 605.0707, Florida Statutes, (c	that resulted in the limited liability compopy 605.0707 on back cover letter).	
	Own decision		
			S 7 12: 5
			- 5
5.	If there are no members, ente activities and affairs:	er the name and address of the person app German Montano - 3753 Crofton CT. / For	• • •
6. ab	Signature of an authorized poove to wind up the company's	erson or if there are no members, the sign s activities and affairs:	nature of the person appointed and listed
		German Montar	
	Signature		Printed Name

FILING FEE: \$25.00