

L22000429106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

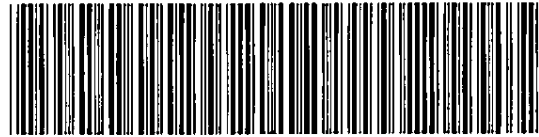
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2025 JAN -7 AM 9:11
TALLAHASSEE, FLORIDA
2025 JAN -7 PM 1:53

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/7/2025

NAME: GO32924, LLC

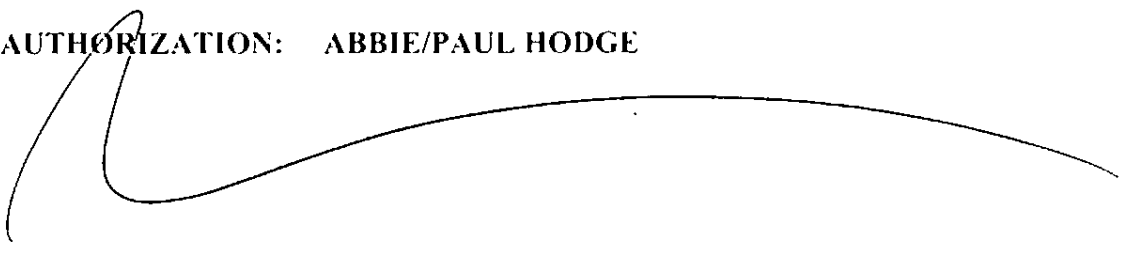
TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GO32924, 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:

Cameron Hemphill

(Name of Person)

GO32924, LLC

(Firm/Company)

13 Heartwood Street

(Address)

Inlet Beach Florida 32361

(City/State and Zip Code)

For further information concerning this matter, please call:

Cameron Hemphill

(Name of Person)

801

755-8379

at (_____)

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2025

FLORIDA FILING

SUBJECT: GO32924, LLC
Ref. Number: L22000429106

We have received your document for GO32924, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 625A00000535

Please keep original filing date, client no longer
wants to include the notice.

Thank you!

RECEIVED
2025 JAN 10 PM 1:53
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2025 JAN -7 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

GO32924, LLC

2. The Articles of Organization were filed on 10/5/22 and assigned

document number 800395229198 L22000429106

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/25
(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).

Closing down business

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

Cameron Hemphill

13 Heartwood Street Inlet Beach Florida 32461

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:

DocuSigned by:

Cameron Hemphill

4411244410116429

Signature

Cameron Hemphill

Printed Name

FILING FEE: \$25.00