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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corporations                                      |   |
|---|---|
| SUBJECT: GATES + FAMILY (Name of Limited)                     | Liability Company)  |
| The enclosed Articles of Dissolution and fee(s) are submitted | d for filing.   |
| Please return all correspondence concerning this matter to th | e following:  |
| Stephen (Name   | of Person)  |
| GATES & FAMILY  | company)  |
| 10562 99Th St   | ddress)   |
| LAMBO, FC   | 33773   |
| (City/State   | and Zip Code)   |
| For further information concerning this matter, please call:  |   |
| STEPHEN ARNOW (Name of Person)                                | at 863 65.1-777.7 d   |
| 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                         | Street Address: Registration Section  |
| Division of Corporations P.O. Box 6327                        | 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  | · · · · · · · · · · · · · · · · · · ·                       |  |                  |             |               |
|---|---|--|------------------|-------------|---------------|
| GATES & FA  | nicy inve   | est ments  | ردر              |             | ·             |
| 2. The Articles of Organization   | were filed on 12/1  | 1/22   | and ass          | igned       |               |
| document number L 22 (  | 000 529387  | 7  |                  |             |               |
| 3. The delayed effective date the (effective date)  Note: If the date inserted in this listed as the document's effective date. | ate cannot be prior to or more is block does not meet the a | than 90 days later than<br>pplicable statutory f | date document i  |             |               |
| 4. A description of occurrence the 605.0707, Florida Statutes, (co  |   |  | 's dissolution   | pursuant to | o section     |
| ON SEPTEMBER  |   |  | FAm. 4           | invect      | ments CLI     |
| AGREED TO DIS   | SOLVE THE C   | COMPANY S  | )UE TO           | INNA        | <u> </u>      |
| THE DISSOLUTION   | process,  | n compa  | Ance             | س ۱۲۲       | SECTION       |
| 605.0707 057  |   | STATUTES.  |                  | 5.3         | 2024          |
| 5. If there are no members, enter   | r the name and address o                                    | f the person appoir                              | nted to wind u   | p the comp  | pany's        |
| activities and affairs:   | STEPHE N  | Anno   |                  |             | က် ႏို        |
|   | 10562   | aqtn q   | ST N             |             | 99            |
|   | LMGO  | FC   |                  | in          | 32<br>        |
|   | 3377  | 3  |                  |             |               |
| 6. Signature of an authorized pe above to wind up the company's   | rson or if there are no me<br>activities and affairs:       | mbers, the signatu                               | ire of the perso | on appointe | ed and listed |
| -66   |   |  |                  |             |               |
|   |   | STEPITE  | u An             | NOLD        |               |
| Signature   |   |  | inted Name       |             |               |
|   | FILING FE   | E: \$25.00                                       |                  |             |               |