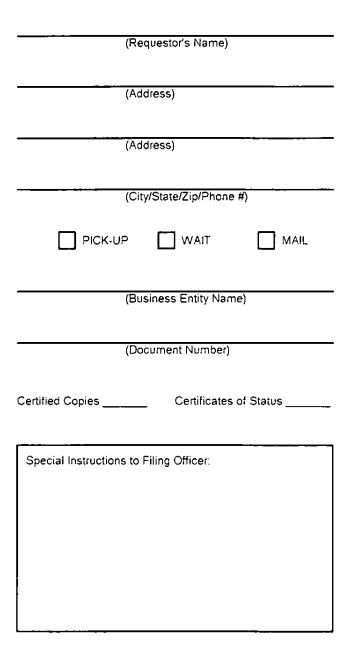
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Gabriela Management LLC (Name of Limited Liability Company)		
(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:		
r rease return an correspondence concerning this matter to the following.		
Gabriela I.	Paravicino	
Galijala Hansagunat 110		
(Firm/Company)		
Gabriela Management LLC (Firm/Company) 3301 N. Country Club Dr. Apt. 308 (Agdress)		
Aventura FL 33180 (City/State and Zip Code)		
(Chy/state and //if Code)		
For further information concerning this matter, please call:		
Gabriela Paravicino (Name of Person)	at 186 5477454	
(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:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is	
Gabriela Management LLC	
2. The Articles of Organization were filed on $\frac{449u3+2023}{4000000000000000000000000000000000000$	
	1, , , ,
3. The delayed effective date the dissolution if not effective on the date of filing:	
 A description of occurrence that resulted in the limited liability company's dissolution pursuan 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	t to section
On Augustbo23 I was supposed to	<u>be</u>
hired by a company and the owner.	told me
for them and I never used the LLC.	<u>KIOI</u> FEQ
5. If there are no members, enter the name and address of the person appointed to wind up the cor	nnany's
activities and affairs: <u>Gobriela Para vicino</u>	• •
3301 N. Country Olub D	2. Apt 308
Aventura Fl. 33180	<u> </u>
6. Signature of an authorized person or if there are no members, the signature of the person appoint above to wind up the company's activities and affairs:	nted and listed
and the try wind up the company's activities and arians.	
Packy Gabriela Para	wicip o
FILING FEE: \$25.00	
	• ,
	