

L23 000 806 972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

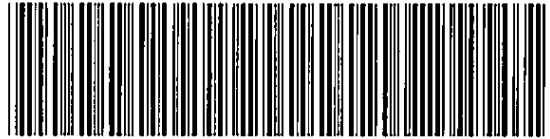
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY -3 AM 9:19
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Go 2 Gals VB 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:

Theresa Martin / Denise Mazzanti
(Name of Person)

Go 2 Gals VB LLC
(Firm/Company)

1421 4th Ct / 1661 4th Ave Vero Beach
(Address) FL 32960

VB FL 32960
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Mazzanti at 808,284 6910
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
please send

☐ \$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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

GO2GALSUB LLC

2. The Articles of Organization were filed on Nov 8, 2023 and assigned

document number L23000506972

3. The delayed effective date the dissolution if not effective on the date of filing: April 29, 2024
(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).

Lack of 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:

Denise Mazzanti

Theresa Martin

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:

Denise Mazzanti

Denise Mazzanti

Theresa Martin

Theresa Martin

Signature

Printed Name

FILING FEE: \$25.00