# L24000225416

(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:						

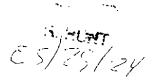
Office Use Only



500428481715

2024 MAY 29 PM

RECEIVED



CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 05/29/24 Order #: 1519523-1 Re: Opn Usa LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195**1** 

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

9

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	OPN USA LLC	
		d Liability Company)
	return all correspondence concerning this matter to t	•
	Olivier R. Schuhl	
	(Nam	e of Person)
	GBC Global LLC	
	(Fim	VCompany)
	1441 Brickell Avenue Office 1018	•
	(,	Address)
	Miami, FL 33131	•••
	(City/Stat	e and Zip Code)
For fur	ther information concerning this matter, please call:	$\frac{1}{c}$
	Olivier R. Schuhl	+598 94366499 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:	
į	☐ \$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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab OPN USA LLC	ility company is					
2. The Articles of Organization	Articles of Organization were filed on 05/21/2024 and assigned					
document number L24000	225416					
(enech)	this block does not meet t	fective on the date of filing: $\frac{0}{100}$ nore than 90 days later than date doci the applicable statutory filing requent of State's records.	ument is received for filing)			
4. A description of occurrenc 605.0707. Florida Statutes,	e that resulted in the lin (copy 605.0707 on back	nited liability company's disso k cover letter).	lution pursuant to section			
Company did not have acti	vity.					
Company did not have active						
			: <del>-</del>			
<ol><li>If there are no members, er activities and affairs:</li></ol>	nter the name and addre Christian Wilkins / R	ss of the person appointed to voorigo Ortega	vind up the company's			
	1441 Brickell Avenu	e Office 1018				
	Miami, FL 33131		-			
<ol><li>Signature of an authorized above to wind up the company</li></ol>	person or if there are no y's activities and affairs	o members, the signature of the	e person appointed and liste			
DocuSigned by:	— DocuSigned by:	حدثالتي معنوم ترا				
75616F92DF284CA .	Kodngo Ortega —c35F274FFCF1448	Christian Wilkins	Rodrigo Ortega			
Signature		Printed Na	ame			

FILING FEE: \$25.00

DIS-21335

## Notice of Limited Liability Company Dissolution

#### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Com	OPN USA LLC			
Document number of Limited L	iability Company is:	0225416		
Date of dissolution was:	2024			
Description of information that	must be included in a writte	n claim:		
	· ·			
				:,
				11
•••••				<u> </u>
				<del></del>
Mailing address where claims ca		e sent to the Division of Corpo	orations	5)
Miami, FL 33131				
<del></del>				
A claim against the above name claim is commenced within 4 ye			ling to	enforce the
Christian Wilkins	Rodrigo Ortega	Docustaned by: Unistian Wilkins 75616F92DF264CA	Rod	cusigned by: Lvigs Ovleg 15F274FFCF1448
Printed Name of the Perso	on Filine	Signature of the Perso	m Filino	i

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00