





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0003912833

Date Filed: 6/20/2020 12:35:31 PM

| Statement of Dissolution (LLC or PLLC) Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filling fee \$0)                                        |          |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------|
| The name of the limited liability company is:     Galeria Navitas LLC                                               |                                                                   |          |
| The file number of this entity on the records of the Idaho Secretary of State is:                                   | 0003374657                                                        |          |
| The date the certificate of organization was originally filed is:     12/18/2018                                    |                                                                   |          |
| 3. Other information concerning the dissolution (optional):                                                         |                                                                   |          |
| 4. Effective Date                                                                                                   |                                                                   |          |
| The dissolution shall be effective                                                                                  | on a specific date.                                               |          |
| 08/21/2020                                                                                                          |                                                                   |          |
| Time                                                                                                                | 12:01 pm                                                          |          |
| 5. Name and address to return acknowledgment copy of this form to (if submitted by mail):                           |                                                                   |          |
| Name of individual or organization                                                                                  | Otilia Gaidos                                                     |          |
| Address                                                                                                             | Otilia Gaidos<br>6449 S CONSTELLATION WAY<br>BOISE, ID 83709-7845 |          |
| The Statement of Dissolution must be signed by a manager, member, or authorized person.                             |                                                                   |          |
| Otilia Gaidos                                                                                                       | 06,                                                               | /20/2020 |
| Sign Here                                                                                                           | Dat                                                               | e        |
| Job Title: Manager                                                                                                  |                                                                   |          |