

L15000067718

(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



800289204138

08/23/16--01004--021 \*\*25.00

2016-08-22 A 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren  
AUG 23 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THAI SPORT MANAGEMENT OF SOUTH FLORIDA, 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:

SATHIT BOONYAVAIROJ  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

869 103RD AVE N #10  
(Address)

NAPLES, FL 34108  
(City/State and Zip Code)

For further information concerning this matter, please call:

SATHIT BOONYAVAIROJ at 239 595-0814  
(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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

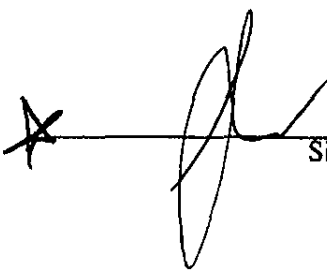
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
THAI SPORT MANAGEMENT OF SOUTH FLORIDA, LLC
2. The Articles of Organization were filed on APRIL 17, 2015 and assigned  
document number L15000067718
3. The delayed effective date the dissolution if not effective on the date of filing: AUGUST 11, 2016  
(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).  
NOT GOING TO USE COMPANY ANY FURTHER.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: SATHIT BOONYAVAIROJ  
10025 8TH STREET N  
NAPLES, FL 34108

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:

  
Signature

SATHIT BOONYAVAIROJ  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 JUN 22 A 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA