

L16000139307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

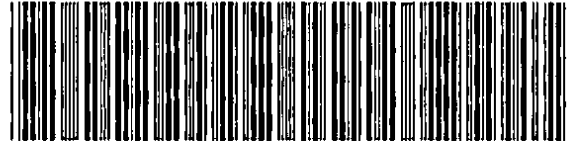
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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R. WHITE
JUL 08 2019

2019 JUN 24 PM 2:11

Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPATIBLE TRAVELERS, 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:

William Sliwski
(Name of Person)

(Firm/Company)

7847 SW 9TH. CIRCLE (FORMERLY OF
9604 SW ROYAL POWDER RD
(Address)

Ocala, FL 34481
(City/State and Zip Code)

For further information concerning this matter, please call:

William Sliwski at (203) 496-1455
(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

FILED

1. The name of a limited liability company is

COMPATIBLE TRAVELERS, LLC.

2019 JUN 24 PM 2:10

2. The Articles of Organization were filed on 7/26/2016 and assigned

document number L16000139307

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

BUSINESS FAILED

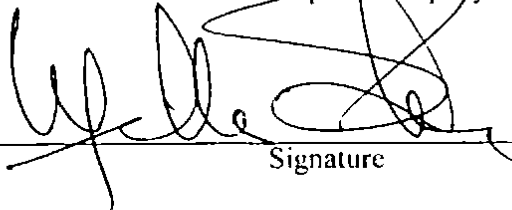
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

William Sliwski

9847 SW 97th Circle

OCALA, FL 34481

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

William Sliwski
Printed Name

FILING FEE: \$25.00