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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KOONTZ & ASSOCIATES, PL
Account Number : I20220000183
Phone : (941)225-2615
Fax Number : (941)951-2618

RECEIVED
2023 DEC 12 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
DAYDREAM VACATION MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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To:

Page: 2 of 6

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From: Amanda Stutzman

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12/11/2023 2:33:36 PM PAGE

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December 11, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KOONTZ & ASSOCIATES, PL

SUBJECT: DAYDREAM VACATION MANAGEMENT LLC
REF: L20000396507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is too dark to be properly scanned into record.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

FAX Aud. #:
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P.O BOX 6327 - Tallahassee, Florida 32314

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((H23000418818 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAYDREAM VACATION MANAGEMENT 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:

JO ANN M. KOONTZ, ESQ.
(Name of Person)
KOONTZ & ASSOCIATES, PL
(Firm/Company)
1613 FRUITVILLE RD.
(Address)
SARASOTA, FL 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

JO ANN M. KOONTZ at (941) 225-2615
(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)

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

- 1. The name of a limited liability company is DAYDREAM VACATION MANAGEMENT LLC
2. The Articles of Organization were filed on 12/18/2020 and assigned document number L20000396507
3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2023
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). PURSUANT TO THE CONSENT OF MEMBER.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
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:

DocuSigned by: Ervin Garibovic

Signature

ERVIN GARIBOVIC

Printed Name

FILING FEE: \$25.00

DocuSign Envelope ID: 466A85E4-8BC5-4912-A24D-F40597882DD2

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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 Company: DAYDREAM VACATION MANAGEMENT LLC

Document number of Limited Liability Company is: L20000396507

Date of dissolution was: 12/01/2023

Description of information that must be included in a written claim:

(i) creditor or claimant name, account or vendor number (if applicable); (ii) date of order, transaction, or occurrence resulting in claim; (iii) outstanding balance due to creditor or claimant (including interest and fees, if applicable); (iv) copy of contract or other summary of terms between Company and creditor/claimant; (v) copy of invoice from creditor or claimant for subject claim (if applicable); (vi) contact information for creditor or claimant, including telephone number, email, mailing address and designated manager or officer of creditor with authority to discuss claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13848 Wood Duck Circle
Lakewood Ranch, FL 34202

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ervin Garibovic

Printed Name of the Person Filing

Ervin Garibovic

Signature of the Person Filing

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

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