105000003421

(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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SECYCLARY OF STATE

COVER LETTER

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

08 JUL 14 AM 10: 50

1. The name of a limited liability company is FLORILA VACATION TRAVE	SECRETARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on 6/21/6	and assigned document number
3. The date the dissolution was approved: 7/8/6) {
4. A description of occurrence that resulted in the limited li 608.441 Florida Statutes, (copy 608,441 on back cover le	etter).
decision has been made	to desolve the ELC
5. CHECK ONE:	
All debts, obligations and liabilities of the limite OR- Adequate provision has been made for the debts	d hability company have been paid or discharged. , obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed rights and interests. 	among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the company	in any court.
OR-	action of any judgment, order or decree which may be
Signatures of the members having the same percentage of men	nbership interests necessary to approve the dissolution:
Signature	Printed Name
By aft of	BRYAN J. DONE FF
0 0 0	