

LOS 060883867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

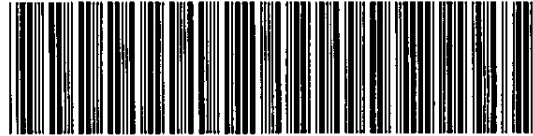
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB -7 12:10:47  
FALL ARIZONA  
STOCK MARKET  
FALL ARIZONA

J. Stivers FEB 10 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOLE VACATION PROPERTY SERVICES 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:

SHELLEY A JONES.  
(Name of Person)

SOLE VACATION PROPERTY SERVICES LLC.  
(Firm/Company)

9918 BEAUFORT COURT.  
(Address)

WINDERHERE FLORIDA 34786.  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHELLEY A JONES. at (863) 236-0429.  
(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

SOLE VACATION PROPERTY SERVICES LLC.

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: Date of filing

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).

I RETIRED. AND CLOSED THE BUSINESS

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

SHELLEY A JONES.  
CR18 Decatur Ct  
Windermere FL 34786

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

Printed Name

Shelley A Jones.

SHELLEY A JONES.

**FILING FEE: \$25.00**

FILED  
14 FEB -7 4:10 PM  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

*Sole Vacation Property Services*



9918 Beaufort Court  
Windermere  
FL 34786

2.4.14.

Enclosed check for dissolution of limited  
liability company.

Tel:- 863-236-0429.

Address:- 9918, BEAUFORT COURT  
WINDERMERE, FL. 34786.

Shelley A Jones.

14 FEB - 7 2014  
14 FEB - 7 2014

Enjoy Sunny Orlando Life Experience - *Our aim is to provide dependable  
management support.*

Tel/Fax: (407) 876 5190. Cell: (863) 236 0429. Email: [pete.jones@lhpssoftware.com](mailto:pete.jones@lhpssoftware.com)