

106000098900

(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



900144726269

03/09/09--01018--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR - 9 AM 10:54

FILED

EXAMINER

MAR 10 2009

M. THOMAS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAMS GLOBAL TRAVEL 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:

CHERYL WILLIAMS

(Name of Person)

(Firm/Company)

2170 WEKIVA VILLAGE LANE

(Address)

APOPKA, FLORIDA 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL WILLIAMS

(Name of Person)

at (407) 703-6024

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
09 MAR -9 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
WILLIAMS GLOBAL TRAVEL LLC

2. The Articles of Organization were filed on **OCTOBER 10, 2006** and assigned document number
L06000098900

3. The date the dissolution was approved: **12/31/2008**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

DISSOLUTION OF ALL MEMBERS

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441, Florida Statutes.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

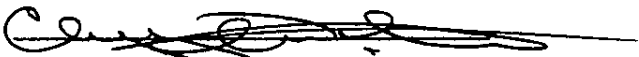

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

09 MAR -9 AM 10:54
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

CHERYL WILLIAMS

JAMES C. WILLIAMS

FILING FEE: \$25.00