## 107000034393

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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## **COVER LETTER**

**TO:** Registration Section

**Division of Corporations SUBJECT: FAMILY FRIEND AWAY LLC** .07000034393 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VEGA, FRANCIS (Name of Contact Person) FAMILY FRIEND AWAY LLC (Firm/Company) 7750 BRETTONWOOD DR. (Address) **TAMPA, FL 33615** (City/State and Zip Code) For further information concerning this matter, please call: VEGA, FRANCIS (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$60 Filing Fee, ■\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2018

The state of the s

FRANCIS VEGA FAMILY FRIEND AWAY LLC 7750 BRETTONWOOD DR TAMPA, FL 33615

SUBJECT: FAMILY FRIEND AWAY LLC

Ref. Number: L07000034393

We have received your document for FAMILY FRIEND AWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The document must include a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 718A00024875

RECEIVED

2018 DEC 17 PM 12: 48 SECRETALY BY STATE TALL ANASSES, FI

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited li	• •			
FAMILY FRIEND AWA	Y LLC			<del></del> ·
2. The Articles of Organiz	ation were filed on 03/30/2	007	and assigned	
document number L070	000034393			
Note: If the date inserted	ate the dissolution if not effective date cannot be prior to or m I in this block does not meet the effective date on the Departme	ne applicable statutory filing	e aneament is received for it	ling) ill not be
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the limes, (copy 605.0707 on back	ited liability company's o cover letter).	lissolution pursuant to	section
The dissolution is ma	ade by mutual agreeme	ent because there is	no more commercia	al activity - 
5. If there are no members activities and affairs:	, enter the name and addres	ss of the person appointed	I to wind up the compa	ny's
	7750 BRETTONWOO	7750 BRETTONWOOD DR		200
	TAMPA, FL 33615		200 F	
6. Signature of an authorize listed above to wind up the	red person or if there are no company's activities and a	members, the signature	<u></u>	<del>ن نن</del>
		FRANCIS VEGA		
Signature		Printed Name		

FILING FEE: \$25.00