

**L08000009580**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

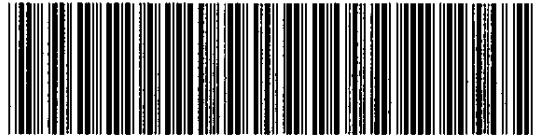
\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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**700146747027**

03/30/09--01024--003 \*\*25.00

2009 MAR 30 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**C. LEWIS**

MAR 31 2009

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZOL VACATIONS, 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:

FLOR RAMIREZ

(Name of Person)

ZOL VACATIONS, LLC

(Firm/Company)

11301 SOUTH O.B.T, STE. 208

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

FLOR RAMIREZ

(Name of Person)

at ( 407 ) 908-3127

(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

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

**FILED**

**2009 MAR 30 PM 2:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
ZOL VACATIONS, LLC

2. The Articles of Organization were filed on 01/28/2008 and assigned document number  
L08000009580

3. The date the dissolution was approved: 03/26/2009

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).

THE BUSINESS WAS CLOSED

**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. 608.4421.

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.

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

Signature

Printed Name

FLOR RAMIREZ