# 109000010492

| (Re                                     | equestor's Name) |             |  |  |  |  |
|-----------------------------------------|------------------|-------------|--|--|--|--|
| (Address)                               |                  |             |  |  |  |  |
| (Address)                               |                  |             |  |  |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                  |             |  |  |  |  |
| (Document Number)                       |                  |             |  |  |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |  |  |
|                                         |                  |             |  |  |  |  |
|                                         |                  |             |  |  |  |  |
| _ ,                                     |                  |             |  |  |  |  |
| Sign                                    | <del></del>      |             |  |  |  |  |
| Office Use Only                         |                  |             |  |  |  |  |



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SECRETARY OF STATE
FALL PHYSSEE ELOPIN

K. SALY MAR 13 2018

### **COVER LETTER**

TO: Registration Section
Division of Corporations

Florida Keys Road Trip IIc

(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:

Harry Bowman

(Name of Person)

Florida keys road trip IIc

(Firm/Company)

15030 Orange River Road

(Address)

Ft. Myers, FL 33905

(City/State and Zip Code)

•

For further information concerning this matter, please call:

Harry bowman

\_\_305

587 0202

(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 liabil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lity company is                                                                                                                                                                                                                                                                                                                                        |                                          | ALLAHASSE FIORIO, and assigned |  |  |  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|--|--|--|
| 2.         | The Articles of Organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n were filed on 2/20/18                                                                                                                                                                                                                                                                                                                                | ••••                                     | _ and assigned                 |  |  |  |
|            | document number 1090000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        | _                                        |                                |  |  |  |
|            | The delayed effective date to (effective Note: If the date inserted in the control of the contro | ective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing) in inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records. |                                          |                                |  |  |  |
| <b>1</b> . | A description of occurrence 605.0707, Florida Statutes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that resulted in the limit<br>(copy 605.0707 on back                                                                                                                                                                                                                                                                                                   | ed liability company's discover letter). | ssolution pursuant to section  |  |  |  |
| -          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                          |                                |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |                                          |                                |  |  |  |
|            | If there are no members, en activities and affairs:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ter the name and address Harry Bowman                                                                                                                                                                                                                                                                                                                  | of the person appointed t                | o wind up the company's        |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15030 Orange River Road                                                                                                                                                                                                                                                                                                                                |                                          |                                |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ft Myers FL 33905                                                                                                                                                                                                                                                                                                                                      |                                          |                                |  |  |  |
| 5.<br>ist  | Signature of an authorized placed above to wind up the con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | person or if there are no impany's activities and af                                                                                                                                                                                                                                                                                                   | nembers, the signature of fairs:         | the person appointed and       |  |  |  |
|            | Harry Bown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ngm_)                                                                                                                                                                                                                                                                                                                                                  | Harry Bowman                             | Name                           |  |  |  |
|            | · / Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                        | Printed                                  | name                           |  |  |  |

FILING FEE: \$25.00



February 26, 2018

HARRY BOWMAN FLORIDA KEYS ROAD TRIP LLC 15030 ORANGE RIVER RD. FT. MYERS, FL 33905

SUBJECT: FLORIDA KEYS ROAD TRIP LLC

Ref. Number: L09000010492

We have received your document for FLORIDA KEYS ROAD TRIP 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00003911

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DEPARTMENT OF STATE

PAYISION OF CORPORATION

TALL AHASSEE, FLORION