

LOS000106717

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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14 MAY - 1 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAILED MAY 07 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CorporateTravelOnline.com 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:

Paula McKane

(Name of Person)

Elephant Group, Inc.

(Firm/Company)

3303 West Commercial Blvd., Suite 201

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula McKane

(Name of Person)

954

at ( )

691-9520

(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  
CorporateTravelOnline.com LLC
2. The Articles of Organization were filed on 11/05/2009 and assigned  
document number L09000106713
3. The delayed effective 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)
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).  
Ceased operations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Benzion Aboud

Printed Name

**FILING FEE: \$25.00**

14 MAY - 1 4H 8 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED