

L100000 25744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

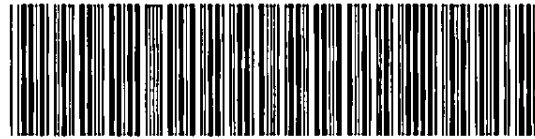
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY -4 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMOTRAVEL CA, 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:

BARY, LILIANE
(Name of Person)

PROMOTRAVEL CA, LLC
(Firm/Company)

20900 NE 30TH AV. SUITE 200 AVENTURA
(Address)

AVENTURA, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

LILIANE BARY at (305) 935.1828
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

PROMOTRAVEL GA, LLC

2. The Articles of Organization were filed on MAR 08, 2010 and assigned

document number L10000025744

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

AGENT DECISION:

SALES WENT DOWN / NOT ENOUGH INCOME

TO COVER EXPENSES WHICH ENDED UP IN
ANNUAL LOSSES

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LILIANE BARY

20900 NE 30TH AV. SUITE 200

AVENTURA, FL 33180

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

LILIANE BARY
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA