

L10000112843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

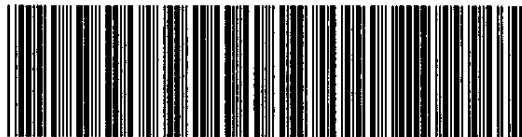
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/15--01009--009 **25.00

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15 MAR 20 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL SUPPLY SERVICES 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:

JOHN McAULIFFE

(Name of Person)

HOTEL SUPPLY SERVICES LLC

(Firm/Company)

5605 SOUTH FLAGLER DRIVE

(Address)

WEST PALM BEACH, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN McAULIFFE

(Name of Person)

at (

914

588-6363

(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

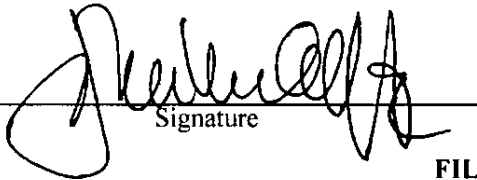
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SECRETARY OF STATE

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

1. The name of a limited liability company is
HOTEL SUPPLY SERVICES LLC
2. The Articles of Organization were filed on OCTOBER 28, 2010 and assigned
document number L10000112843
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).
THE CONSENT OF ALL THE MEMBERS

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

JOHN McAULIFFE
Printed Name

FILING FEE: \$25.00