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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u> </u>
(Document Number)	
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MAY 02 2014 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOLLIDAY TUUSTMENT PARTNERS LIC (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:
HOLLIDAY INVESTMENT PARTMES, LLC (Firm/Company) ADDOU SOVINA OCEMADALE, UNIT 713 (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 892-1938 (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 HOLLON INLINE PRINCIS LICE
2.	The Articles of Organization were filed on APRIC 23, 78% and assigned
	document number
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). TNUSTMENT CMCUOEV: [[C] DIS BAUDED:
	AND FINAL FEBRUAR DAX. FILING MAY
	April 2014
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Dan Swal Com Dat 700 =
	FORT (MOLE OME) FL 333(FE) FR
,	The Part of the Pa
o. list	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
	Let 4. Bowson
	Signature Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution", is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HOLLON IN LITTMENT PARINES LCC
Document number of Limited Liability Company is: L 110000 88512
Date of dissolution was: DECENSIA 2013
Description of information that must be included in a written claim:
7
AP R
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2000 SNRY OCEAN DRIVE UNIT 700
FI. LADERDANE, EL 333(L
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00