

L120000000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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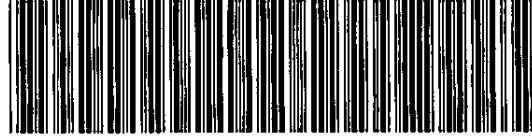
(Business Entity Name)

(Document Number)

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2016 APR 25 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 26

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRASSHOPPER TOUR, 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:

DINA AMMACCAPANE  
(Name of Person)

GRASSHOPPER TOUR, LLC  
(Firm/Company)

P.O. Box 1592  
(Address)

West Palm Beach, FLA 33402  
(City/State and Zip Code)

For further information concerning this matter, please call:

DINA AMMACCAPANE  
(Name of Person)

at ( 602 ) 300-1691  
(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**

**FILED**  
2016 APR 25 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

GRASSHOPPER TOUR, LLC

2. The Articles of Organization were filed on April 21, 2016 and assigned

document number L12000000147

3. The delayed effective date the dissolution if not effective on the date of filing: April 21, 2016  
(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).

No Activity for business in the last 10 months.


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

DINA AMMACCAPANE

4407 E. BLANCHE DR.

PHOENIX AZ 85032

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

DINA AMMACCAPANE  
Printed Name

**FILING FEE: \$25.00**