

L12000009284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

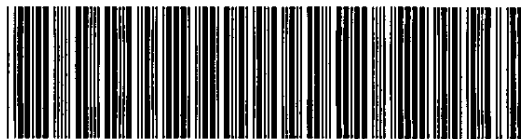
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SEC. OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Hotel Match, 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:

Emily Martelli

(Name of Person)

(Firm/Company)

3423 NW 1st Court

(Address)

Gainesville, Florida 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Emily Martelli

(Name of Person)

at (407) 312-3713
(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

Emily Martelli
3423 N.W. 1st Court
Gainesville, Florida 32607
(407) 312-3713 / martelliemily@gmail.com

April 9, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Florida Department of State,

Enclosed please find the Cover Letter, and Articles of Dissolution, and check for the \$25.00 filing fee for the Limited Liability Company Dr. Hotel Match, LLC. If you have any questions, please let me know.

Sincerely,


Emily Martelli

FILED
15 APR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Emily Martelli Signature Emily Martelli Printed Name
- FILING FEE: \$25.00**