L120000 25711

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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MAR 1 4 2016 J SHIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

OLYMPUS VACATIONS LLC

SUBJECT

(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:

PANTELAKIS CHARALAMBOUS

(Name of Person)

OLYMPUS VACATIONS LLC

(Firm/Company)

407 LINCOLN ROAD SUITE 12 L

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Corrada

...305

804-8569

(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/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 liab	oility company is		
OLYMPUS VACATIONS I	LLC		
2. The Articles of Organizati	ion were filed on $\frac{02/21/20}{1}$	012 and assigned	
document number L12000	025318		
(enecu	n this block does not meet th	fective on the date of filing: 12/31/2015 ore than 90 days later than date document is received for filing) ne applicable statutory filing requirements, this date will not be ont of State's records.	e
4. A description of occurrence 605.0707, Florida Statutes.		ited liability company's dissolution pursuant to section cover letter).	
A partner meeting was held of	on 2/18/2016 to dissolve Oly	ympus Vacations LLC effective 12/31/2015. All	
·	nter the name and addres	ss of the person appointed to wind up the company's	
activities and affairs:	2655 LeJeune Road	CREIA	•
	Suite 902	SET OF	i i
	Coral Gables, FL 33134	4 CON SIA GO	\$ 2 2
6. Signature of an authorized listed above to wind up the co	I person or if there are no ompany's activities and a	members, the signature of the person appointed and affairs:	
A -	7	PANTELAKIS CHARALAMBOUS	
/ Signature		Printed Name	

FILING FEE: \$25.00