

L12000041458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

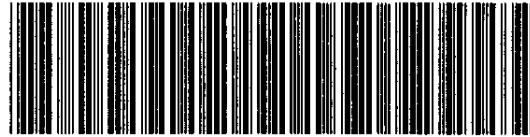
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 21 PM 12:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVENTURE TOURS EXPERIENCE 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:

DANILO SANTANA

(Name of Person)

USTAX CONSULTING INC

(Firm/Company)

5401 S KIRKMAN RD SUITE 105

(Address)

ORLANDO FLORIDA 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

DANILO SANTANA

(Name of Person)

407

at (_____) _____

674 - 8969

(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
ADVENTURE TOURS EXPERIENCE LLC
2. The Articles of Organization were filed on 03/26/2012 and assigned
document number L12000041458
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).
VOLUNTARY DISSOLUTION - NO LONGER IN BUSNISS

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

ANTONIO MAURICIO BIANCHI
Printed Name

15 JUL 2012 PM 12:47