L12000092412

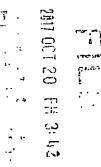
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to		
eff III	1/17	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



900304770399

10/20/17--01027--005 **25.00



ort 23 Mills

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HOSPITALITY ON POINT 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:			
JAMES F. KNIGHT (Name of Person)			
(Name of Person)			
HOSPITAUTY ON POINT (Firm/Company)			
900 WALKERS GROVE LW.			
WINTER GARDEN, FL 34787 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jan KNIGHT as 407, 341-3801			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: 25.00 Filing Fee and Certificate of Dissolution 555.00 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	
HOSPITALITY ON POINT LLC	
2. The Articles of Organization were filed on $7/16/2012$ and assigned	
document number <u>L12000092412</u>	
3. The delayed effective date the dissolution if not effective on the date of filing:	
 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). 	
- Businers no longer viable; has been dormant	
for hours	
- Sole Member (President is closing the business	
5. If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs:	
JAMES F. KNIGHT	
PRESIDENT/CEO	
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 Signature Signature Printed Name	
FILING FEE: \$25.00	
·	
· ω	· [
. ب ج	