

L12000167522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

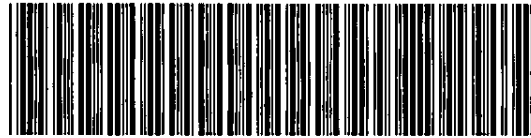
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255629528

01/16/14--01009--027 **25.00

FILED
2014 JAN 16 PM 3:18
CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 22 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saveology Travel 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:

Paula McKane

(Name of Person)

Elephant Group, Inc.

(Firm/Company)

3303 W. Commercial Blvd., Ste. 201

(Address)

Ft. Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula McKane

(Name of Person)

at (954) 691-9520

(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

FILED
2014 JAN 16 PM 3:18
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Saveology Travel LLC
2. The Articles of Organization were filed on 08/21/2012 and assigned
document number L12000107522
3. The delayed effective date the dissolution if not effective on the date of 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).
No longer doing this type of 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: _____

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

Printed Name

Benzion Aboud

FILING FEE: \$25.00

FILED
2014 JAN 16 PM 3:18
CLERK OF STATE
TALLAHASSEE FLORIDA