

L12000134091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

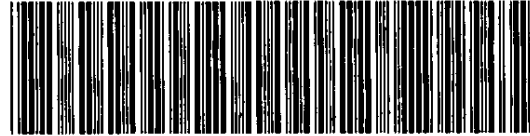
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxury Vacation Associates, 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:

Stacy Goodman
(Name of Person)

(Firm/Company)

1016 NE 41st TER
(Address)

Hornestead FL 33033
(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Goodman at (305) 246-3349
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Luxury Vacation Associates, LLC

2. The Articles of Organization were filed on Oct 23 2012 and assigned

document number L12000134691

3. The delayed effective date the dissolution is not effective on the date of filing: April 15, 2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 closure 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:

Stacy Goodman
1016 NE 41ST TER
Homestead FL 33033

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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:

Stacy Goodman
Signature

Stacy Goodman
Printed Name

FILING FEE: \$25.00