

L13000002073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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14 DEC 11 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holidaze Getawaze, 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:

Paul E Holifield, Jr.

(Name of Person)

(Firm/Company)

3030 N. Rocky Point Dr. STE 150A

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul E Holifield, Jr.

(Name of Person)

210

595-9560

at ()

(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
Holidaze Getawaze, LLC

2. The Articles of Organization were filed on 01/04/2013 and assigned
document number L13000002073

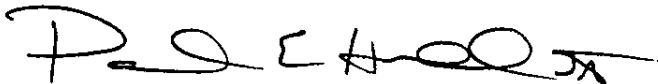
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).
Members agreed to dissolve LLC

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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

Paul E Holifield, Jr.

Printed Name

FILING FEE: \$25.00