

L13000021213

(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



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10/16/14--01010--005 **35.00

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2014 NOV 12 P 3:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 13 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Hat Travel Services, 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:

Jonathan Holler
(Name of Person)

(Firm/Company)

7820 Glades Rd #275
(Address)

Boca Raton, FL 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Holler at (561) 927-7217
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Top Hat Travel Services, LLC

2. The Articles of Organization were filed on 10-1-14 and assigned

document number 213000021213

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)

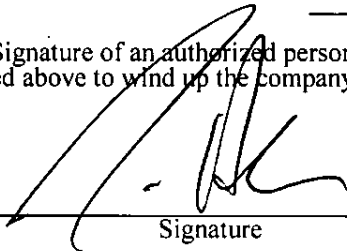
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Business dried up.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jonathan Holler
7820 Glades Rd.
Suite 275
Boca Raton, FL 33434

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

Jonathan Holler
Printed Name

FILING FEE: \$25.00

FILED

NOV 12 P 3:50
CLERK OF DISTRICT COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

JONATHAN HELLER
7820 GLADES ROAD #275
BOCA RATON, FL 33434

SUBJECT: TOP HAT TRAVEL SERVICES, LLC
Ref. Number: L13000021213

We have received your document for TOP HAT TRAVEL SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00023204

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2014 NOV 12 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA