

L13000058482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

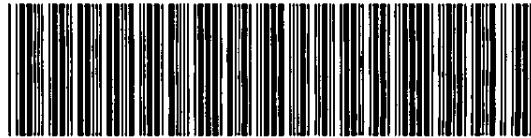
(Document Number)

Certified Copies _____

Certificates of Status ☒

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FILED

14 MAR 10 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTIN BIKE TOURS, 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:

MIKE SHOULTS

(Name of Person)

(Firm/Company)

70 VISTA BLUFFS

(Address)

DESTIN, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE SHOULTS

(Name of Person)

at 850 978-2099

(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**

FILED
14 MAR 10 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
DESTIN BIKE TOURS, LLC
2. The Articles of Organization were filed on APRIL 22, 2013 and assigned
document number L13000058482
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).
Sales were not adequate to sustain operations.

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
Michael A Shonk

Printed Name
Michael A Shonk

FILING FEE: \$25.00