

#/ 13000063173

(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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Office Use Only



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2014 JAN -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venture Your Way, 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:

Cory Kingsterg

(Name of Person)

(Firm/Company)

440 NE 4th Ave Unit 418

(Address)

Fort Lauderdale, FL, 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Kingsterg

(Name of Person)

at

954, 383-9669

(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

2014 JAN -2 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Venture Your Way, LLC
2. The Articles of Organization were filed on April 30, 2013 and assigned
document number L13000063173
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).
LLC was not necessary for me to conduct
business and potential was limited in the
foreseeable future
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Cory Kinisberg
440 NE 4th Ave Unit 418
Fort Lauderdale, FL, 33301
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

Cory Kinisberg

Cory Kinisberg

FILING FEE: \$25.00