

L13000095889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

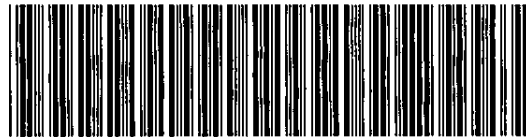
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 27 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travel Buddy Solutions 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:

Adam Schwartz

(Name of Person)

(Firm/Company)

55 West Church St. Apt. 1809

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Schwartz

(Name of Person)

516

6335065

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
Travel Buddy Solutions LLC.
2. The Articles of Organization were filed on 07/05/2013 and assigned
document number L13000095889
3. The delayed effective date the dissolution if not effective on the date of filing: 12/30/14
(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).
LLC. did minimal business and is now doing no 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: Adam Schwartz
55 West Church St. Apt. 1809
Orlando, FL 32801
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:

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15 JAN 27 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature _____

Adam Schwartz

Printed Name**FILING FEE: \$25.00**