

L13000098440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

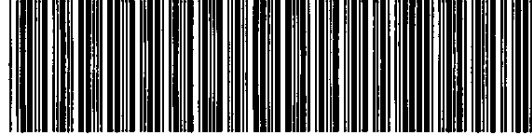
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/16--01007--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 22 PM 12:25

511 910

AUG 23 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VACATION LIFESTYLE COLLECTION, 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:

Deborah Linden

(Name of Person)

Vacation Lifestyle Collection, LLC

(Firm/Company)

7932 W. Sand Lake Road, Ste 307

(Address)

Orlando, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Linden

(Name of Person)

at 407 342-5409

(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
VACATION LIFESTYLE COLLECTION, LLC

2. The Articles of Organization were filed on 07/11/2013 and assigned
document number L13000098440

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No longer doing business

13 AUG 22 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

activities and affairs:

Deborah Linden

7932 W. Sand Lake Road, Suite 307

Orlando, FL 32819

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

Deborah Linden

Printed Name

FILING FEE: \$25.00