

L13000138621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

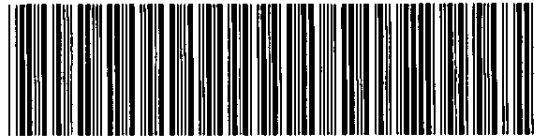
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Called 10/30/14  
spoke with  
Debora Atside  
OK to remove  
effective date  
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L13-138621

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10/31/14--01020--012 \*\*25.00

FILED  
14 OCT 29 PM 4:00  
SEC. OF  
TALLAHASSEE, FLORIDA

OCT 30 2014

N. CAUSSEAU

L13-138621

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Best Rate Vacation 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 Atside

(Name of Person)

Best Rate Vacation LLC

(Firm/Company)

6996 Piazza Grande Ave. Ste 216

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Atside

(Name of Person)

at ( 407 ) 490-0606

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2014

DEBORS ATSIDE  
BEST RATE VACATION LLC  
6996 PIAZZA GRANDE AVENUE, SUITE 216  
ORLANDO, FL 32835

SUBJECT: BEST RATE VACATION LLC  
Ref. Number: L13000138621

We have received your document for BEST RATE VACATION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 114A00021845

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Best Rate Vacation LLC

2. The Articles of Organization were filed on 10/02/2013 and assigned

document number L13000138621

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).

We are no longer operating with  
this business under this name and  
we don't want to keep the partnership.  
do

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:

Debora Ataide  
Signature

DEBORA ATAIDE.  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
**14 OCT 29 PM 4:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**