

213 000 152 789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

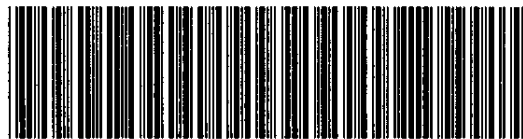
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900255297299

01/13/14--01009--006 \*\*25.00

RECEIVED  
FALLAH, N. Florida  
14 JAN 19 10:00:51  
2014

J. Shivers JAN 15 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TREASURE COAST SNOWBIRD Services 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:

STEVEN D'Argenio

(Name of Person)

(Firm/Company)

928 SW Grand RESERVE Blvd.

(Address)

PORT ST. LUCIE, FL 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN D'Argenio

(Name of Person)

at

723

(Area Code & Daytime Telephone Number)

989-0140

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

TREASURE COAST SNOW BIRD SERVICES, LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number L13000152789

3. The delayed effective date the dissolution if not effective on the date of filing: Immediate

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).

Decided not to launch/open the 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:

STEVEN D'Argenio  
928 SW Grand Reserve Blvd  
PORT ST. LUCIE, FL. 34986

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

STEVEN D'Argenio

**FILING FEE: \$25.00**

16 JAN 18 AM 10:51  
TALLAHASSEE, FLORIDA