

L14 0000 048012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

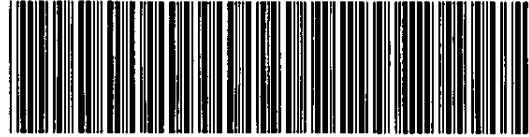
(Business Entity Name)

(Document Number)

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

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15 JAN 28 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. GILBERTS FEB 05 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Duprey Hotel and Resorts 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:

Quinn M. Duprey  
(Name of Person)  
Duprey Hotel and Resorts Solutions, LLC  
(Firm/Company)  
1153 County Hwy. 30A West #211D  
(Address)  
Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Quinn M. Duprey at 850, 319-9290  
(Name of Person) (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

Duprey Hotel and Resorts Solutions, LLC

2. The Articles of Organization were filed on March 24, 2014 and assigned

document number L14000048012

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)

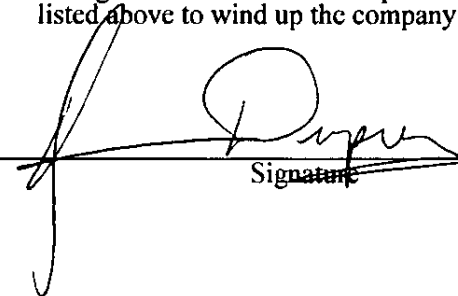
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The company failed to gain clients  
or money to sustain it to stay in  
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:

Quinn M. Duprey  
1653 County Hwy. 30A W. #1120  
Santa Rosa Beach FL 32459

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

Quinn M. Duprey  
Printed Name

**FILING FEE: \$25.00**

RECEIVED  
SECRETARY OF STATE  
FLORIDA  
JAN 28 AM 8:07  
2014