

L15000015048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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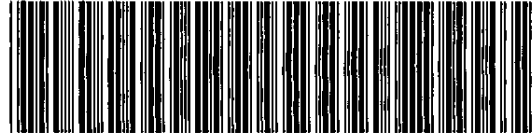
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JAN 06 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitality Transition Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William K. Stock
Name of Person

Hospitality Transition Solutions LLC
Firm/Company

17008 SW Ambrose Way
Address

Port St. Lucie, Florida 34986
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William K. Stock at (443) 745-8435
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Hospitality Transition Solutions LLC

SECOND: The Florida Document number of the limited liability company is: L15000015048

THIRD: The date of filing of the initial articles of organization is: JANUARY 26, 2015

FOURTH: The date of filing of the dissolution is: 12/28/15

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

William K. Stock

Signature of Authorized Representative

William K. Stock

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

Check # 643
12/28/15

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SECRETARY OF STATE
TALLAHASSEE FLORIDA