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(Re	equestor's Name)				
(Ad	ldress)				
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COVER LETTER

TO:

Registration Section Division of Corporations

Tvave (LL C
(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:

(Firm/Company)

365 Relicce her

For further information concerning this matter, please call:

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 compan					
2. The Articles of Organization were filed	2/-/10	and assig	ned		
document number <u>L/5000</u>		/-	1 -/		
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block does listed as the document's effective date on the second seco	es not meet the applicable statu	tory filing requirements	cocived for filing) , this date will not be		
4. A description of occurrence that resulte 605.0707, Florida Statutes, (copy 605.0	ed in the limited liability con 707 on back cover letter).	npany's dissolution p	ursuant to section		
No longer int	wested B	Travel	business		
5. If there are no members, enter the name activities and affairs:	and address of the person a	ippointed to wind up	the company's		
				•	
				TALL SE	
				APR	1
6. Signature of an authorized person or if listed above to wind up the company's act	there are no members, the si vities and affairs:	gnature of the persor	appointed and	I6 /	
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Signature		Printed Name	···	현 %	

FILING FEE: \$25.00