

L15 0000 69252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

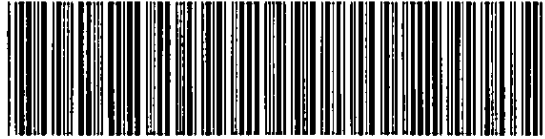
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/13--01015--028 **\$5.00

2013 12 26 PM 5:10

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JAN 07 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLYSWIPE 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:

WILLIAM J DELISI

(Name of Person)

FLYSWIPE LLC

(Firm/Company)

PO BOX 810921

(Address)

BOCA RATON, FL 33481

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM DELISI

(Name of Person)

561

212-4746

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2019 OCT 26 PM 5:10

1. The name of a limited liability company is
FLYSWIPE LLC

2. The Articles of Organization were filed on 04/21/2015 and assigned
document number L15000069252

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).

Unanimous consent by all members to cease
operations pursuant to board minutes file on
September 13th, 2019 as attached to this document.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: WILLIAM J DELISI

PO BOX 810921

BOCA RATON, FL 33481

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

William J Delisi
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FLYSWIPE LLC

Document number of Limited Liability Company is: L15000069252

Date of dissolution was: 12/31/2019

Description of information that must be included in a written claim:

Notice of Claim shall contain the following information: Claimants name(s); postal address; telephone number; summary that states the nature and reason for claim; country, state, county and court where claim has been or will be filed if any; Name of legal representation; Legal representation address; Legal representation telephone; and a copy of any legal pleading filed with the courts if any.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FLYSWIPE LLC

C/O WILLIAM DELISI

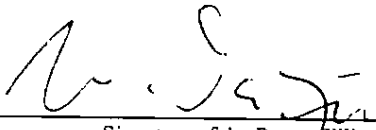
PO BOX 810921

BOCA RATON, FL 33481

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

WILLIAM J DELISI

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00