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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES COA
Account Number : 120160000009
Phone : (770)777-2091
Fax Number : (770)220-1943

18 DEC 11 AM 8:55
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
ORLANDO ATTRACTIONS MARKETING, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Attractions Marketing, 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:

Sharon K. Gray

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at 770 777-2091

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Orlando Attractions Marketing, LLC

2. The Articles of Organization were filed on 10/26/2015 and assigned

document number L15000181260

3. The delayed effective date the dissolution is 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)

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).

The limited liability company is no longer transacting business in the State of Florida.

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

Paul Kanavos (Manager)

70 E 35th St, 23rd Flr.

New York, NY 10022

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

Paul Kanavos

Printed Name

FILING FEE: \$25.00

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