116000115994

(Re	equestor's Name)			
	-			
(Ad	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

TRAVCOR,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:

Joseph Muller

(Name of Person)

Travcor,LLC

(Firm/Company)

8477 Turnstone Haven Place

(Address)

Tampa, FI . 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Muller

. 941

662 5521

(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

check # 3981

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lateral TRAVCOR, LLC	iability company is		·
2. The Articles of Organiz	zation were filed on	e 6, 2016	and assigned
document number L160	000115994		
Note: If the date inserte	serive date estition pe bijos so o	t the applicable statutory filing	ng: 30 December 2016 e document is received for filing) g requirements, this date will not be
4. A description of occurr 605.0707, Florida Statu Insufficent activity	ence that resulted in the l tes, (copy 605.0707 on be	imited liability company's ack cover letter).	dissolution pursuant to section
5. If there are no members	s, enter the name and add	ress of the person appointed	d to wind up the company's
activities and affairs:	Joseph Muller		Si do par
	8744 Turnstone Hav	ven Place. Tampa, Fl. 33619	
6. Signature of an authorizated above to wind up the	zed person or if there are company's activities and	no members, the signature d affairs:	of the person appointed and
Joseph Muller	Ogstally agreed by Joseph Muller ON CHARGE STANCOLLC, one-TRINCOLLC, underlysemidipholemacicum, cn-US Date: 2011-12:20 12:22:94-48-107	Joseph Muller	
Signature		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: IRAVCO	OR,LLC
Document number of Limited Liability Company is	L16000115994
Date of dissolution was: December 30,20	016
Description of information that must be included in	a written claim:
None	
	强
	ASS A
Mailing address where claims can be sent: (Claims of	cannot be sent to the Division of Corporations)
8744 Turnstone Haven P	lace, Tampa Fl 33619
	
A claim against the above named limited liability coclaim is commenced within 4 years after the filing of	ompany will be barred unless a proceeding to enforce the of this notice.
Joseph Muller	Joseph Muller
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