

L17000021933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

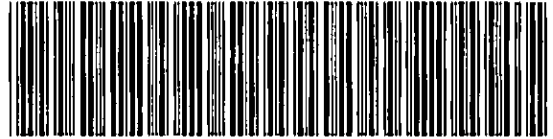
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUN 22 " 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0 SIMMONS

JUN 20 2018

COVER LETTER

CC

TO: Registration Section  
Division of Corporations

SUBJECT: WELLGO TRAVEL 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:

ABDELMONEM GHRAIRI

(Name of Person)

WELLGO TRAVEL LLC

(Firm/Company)

2737 NORTH POINCIANA BLVD #85

(Address)

KISSIMMEE FL 34746

(City/State and Zip Code)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2018 JUN 22 AM 10:50

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For further information concerning this matter, please call:

ABDELMONEM GHRAIRI at 407 802-8012  
(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

05

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

WELGO TRAVEL LLC

2. The Articles of Organization were filed on JANUARY 27, 2017 and assigned

document number LI7000021933

3. The delayed effective date the dissolution if 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).

Business was never started and will not occur  
We desire to dissolve the limited liability company

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

\_\_\_\_\_  
\_\_\_\_\_

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

ABDELMONEM GHRAIRI

\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00