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(Re	equestor's Name)				
(Ac	ddress)				
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Global Lifestyle Rentals, 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:

Carla Oliva	
(Name of Person)	
Global Lifestyle Rentals,LLC	
(Firm/Company)	
15800 Pines Blvd, Suite #206	
(Address)	
Pembroke Pines, FL 33027	

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Oliva (Name of Person) at (305) 735-8935 (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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi Global Lifestyle Rentals, LLC		
2.	The Articles of Organization	on were filed on $\frac{02/13/2017}{}$ and	d assigned
	document number L170000.	34595	<i>,</i>
3.	Note: If the date inscribed in	the dissolution if not effective on the date of filing: 05, date cannot be prior to or more than 90 days later than date documenthis block does not meet the applicable statutory filing require tive date on the Department of State's records.	/10/2017 nent is received for filing) rements, this date will not be
4.	A description of occurrence 605.0707. Florida Statutes,	e that resulted in the limited liability company's dissolution (copy 605.0707 on back cover letter).	ution pursuant to section
		/oluntarily Dissolve Global Lifestyle Rentals, LLC.	
			2
			<u> </u>
			7.5
			<u> </u>
5.	If there are no members, en activities and affairs:	ter the name and address of the person appointed to w Carla Oliva	ind up the company's
		15800 Pines Blvd, Suite #206	
		Pembroke Pines, FL 33027	
6.	Signature of an authorized	person or if there are no members, the signature of the	person appointed and
ĥ	sted above to wind up the co	mpany's activities and affairs:	* att - maga mg
	(Im)	- Carla Oliva	
	Signature	Printed Na	me

FILING FEE: \$25.00