

L18000076018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

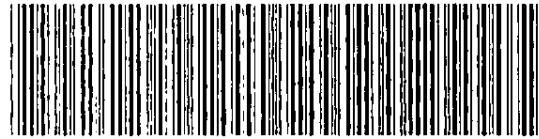
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
Q. SILAS  
JUN 07 2022

Office Use Only



100387957941

2022 JUN -6 PM 03:15 JUN -6 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED RECEIVED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 723676 5151529  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : June 3, 2022  
ORDER TIME : 3:53 PM  
ORDER NO. : 723676-015  
CUSTOMER NO: 5151529

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DOMESTIC FILINGS

NAME: BAGS VALET, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexis Weiland - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAGS VALET, 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:

Mary Lacroix

(Name of Person)

SP+ Corporation

(Firm/Company)

200 E Randolph St, Suite 7700

(Address)

Chicago IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Lacroix

(Name of Person)

at ( 312 ) 274-2033

(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

FILED

2022 JUN -6 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

BAGS VALET, LLC

2. The Articles of Organization were filed on 03/23/2018 and assigned

document number L18000076018

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).

The consent of all of the members of the limited liability company 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

Ritu Vig

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: BAGS VALET, LLC

Document number of Limited Liability Company is: L18000076018

Date of dissolution was: May 3, 2022

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

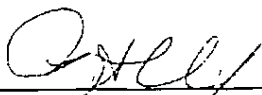
The nature and amount of the Claim. Claims must be in  
writing and sent to the address below.  
\_\_\_\_\_  
\_\_\_\_\_

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

BAGS VALET, LLC  
Attn: Legal Department  
200 East Randolph Street, Suite 7700  
Chicago, IL 60601

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.

RITU VIG  
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**