

L18000134223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

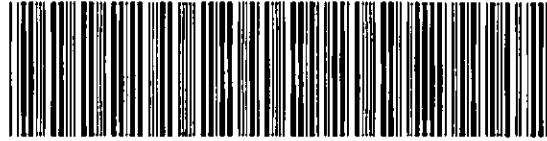
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/05/19--01006--031 **25.00

FILED

2019 JUN -5 AM 11:42

C. GOLDEN

JUN 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM EXPERIENCES 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:

CHRIS BELARDINELLI

(Name of Person)

CUSTOM EXPERIENCES LLC

(Firm/Company)

519 MONTANA AVE

(Address)

ST CLOUD, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS BELARDINELLI at 407 451-3570

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2019 JUN -5 AM 11:42

1. The name of a limited liability company is
CUSTOM EXPERIENCES LLC

2. The Articles of Organization were filed on 05/30/2018 and assigned
document number L18000134223

3. The delayed effective date the dissolution if not effective on the date of filing: 5-31-19
(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).
Voluntary dissolution.

Due to Medical Reasons I'm unable
to stay/keep the Business.

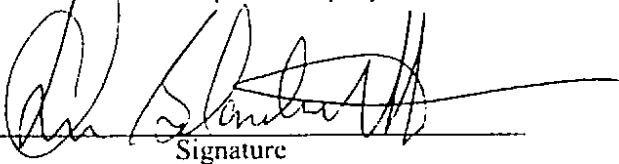
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Chris Belardinelli

519 Montana Ave

St. Cloud, FL 341769

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

CHRIS BELARDINELLI

Printed Name

FILING FEE: \$25.00