

**L18000 134356**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

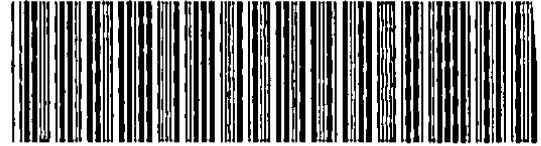
(Business Entity Name)

(Document Number)

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

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02/26/19--01006--003 \*\*25.01

**RECEIVED**

**FEB 25 2019**

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**MAR 05 2019**

*11/12/19  
noted*

**19 FEB 25 PM 11:21**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOTELS VIP, 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:

KEVIN REDLING

(Name of Person)

HARDING BELL INTERNATIONAL, INC

(Firm/Company)

113 PONTOTOC PLAZA

(Address)

AUBURNDALE, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN REDLING

(Name of Person)

863

968-1010

at ( )

(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 liability company is  
HOTELS VIP, LLC


2. The Articles of Organization were filed on MAY 30TH, 2018 and assigned  
document number L18000134356


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).  
PURSUANT TO FLORIDA STATUTE 605.0701(2), ALL MEMBERS CONSENT TO THE DISSOLUTION  
OF THE ENTITY.

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



JASON LOOFE - AUTHORIZED MEMBER  
Printed Name

**FILING FEE: \$25.00**

FILED

19 FEB 25 PM 11:21

## 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: HOTELS VIP, LLC

Document number of Limited Liability Company is: L18000134356

Date of dissolution was: DATE ARTICLES OF DISSOLUTION FILED

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

A detailed explanation of the claim including all facts and circumstances relating to said claim as well as any evidence providing for the validity of the claim. Additionally, it must be stated if the claim is admitted or not admitted, in whole or in part, and the relative amounts associated with such assertions.

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

CALLE FRONT ROCHA 19  
URBANIZATION MONTEBELL  
LA NUCIA, ALICANTE 03530  
SPAIN

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.

JASON LOOFE - AUTHORIZED MEMBER

Printed Name of the Person Filing



[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

[Signature]