

L18000 293 163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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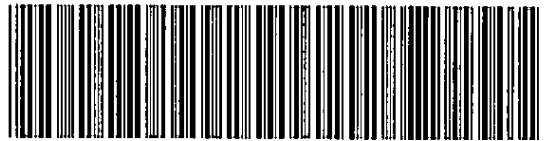
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAY -6 PM 5:38
CLERK OF DISTRICT COURT
JULIA HARRIS, CLERK

O SIMMONS
MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travel Enrichment Connector 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:

Sara Sinaiko
(Name of Person)

(Firm/Company)

PO BOX 2495
(Address)

Sarasota FL 34230
(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Sinaiko at (608) 772-3119
(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**

1. The name of a limited liability company is

Travel Enrichment Connector LLC

2. The Articles of Organization were filed on Jan 1, 2019 and assigned

document number L18000293163

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 1, 2019
(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).

decision to cease operations

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

Sara Sinaiko

PO Box 2495

Sarasota FL 34230

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CLERK OF CIRCUIT COURT
MIDDLE FLORIDA

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:

Sara Sinaiko
Signature

Sara Sinaiko
Printed Name

FILING FEE: \$25.00