

L19000087822

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : 120120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

2020 JAN 30 PM 2:53

LLC DISSOLUTION OR WITHDRAWAL  
FLORIDA N' SEASONS TRAVEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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info@abkcorp.com

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Corporate Filing Menu

Help

V. SULKER

JAN 31 2020



January 29, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA N' SEASONS TRAVEL, LLC  
806 VERONA STREET,  
SUITE 1  
KISSIMMEE, FL 34741US

SUBJECT: FLORIDA N' SEASONS TRAVEL, LLC  
REF: L19000087822

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Notice of Dissolution is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000013578  
Letter Number: 820A00002093

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA N' SEASONS TRAVEL, 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:

LETICIA SANTOS

(Name of Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

5301 CONROY ROAD SUITE 140

(Address)

ORLANDO FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

LETICIA SANTOS

(Name of Person)

407

898 1757

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
FLORIDA N' SEASONS TRAVEL, LLC

2. The Articles of Organization were filed on 03/29/2019 and assigned  
document number L19000087822

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).

This dissolution was approved by the  
member of 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:

Fernanda Abouchar  
Signature

FERNANDA ABOUCHAR  
Printed Name

FILED

2020 JAN 30 AM 10:49

## 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: FLORIDA N' SEASONS TRAVEL, LLC

Document number of Limited Liability Company is: L19000087822

Date of dissolution was: \_\_\_\_\_

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

This dissolution was approved by the member  
of limited liability company.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

FERNANDA ABOUCHAR

Printed Name of the Person Filing

Fernanda Abouchar  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution.



January 28, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLORIDA N' SEASONS TRAVEL, LLC  
806 VERONA STREET,  
SUITE 1  
KISSIMMEE, FL 34741US

SUBJECT: FLORIDA N' SEASONS TRAVEL, LLC  
REF: L19000087822

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Notice of dissolution can not be blank

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000013578  
Letter Number: 920A00001972