

L19000 126801

(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

3579-524-

2319- 6156- 6157



100345416301

08/10/20--01017--020 **25.00

2:45:33 PM 5:14

C. GOLDEN

OCT - 4 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destination Anywhere Travel Agency

(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:

Oran Robinson

(Name of Person)

Destination Anywhere Travel Agency

(Firm/Company)

3617 S. St. Lucie Dr.

(Address)

Casselberry, FL. 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

Oran Robinson

(Name of Person)

407

at (_____) _____

486-0638

(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

Rescan 9/17/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2020

ORAN ROBINSON
3617 S ST. LUCIE DRIVE
CASSELBERRY, FL 32707

SUBJECT: DESTINATION ANYWHERE TRAVEL AGENCY LLC
Ref. Number: L19000126801

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

The document must include a mailing address to which the claim may be sent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00014544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 27 PM 8:16

June 26, 2020

ORAN S ROBINSON, III
3617 S ST. LUCIE DRIVE
CASSELBERRY, FL 32707

SUBJECT: DESTINATION ANYWHERE TRAVEL AGENCY LLC
Ref. Number: L19000126801

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The limited liability company must complete and submit a Voluntary Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited liability company on our records. The fee to file both the Voluntary Dissolution and Notice of Dissolution is \$25.

The Notice of Dissolution must be completed in its entirety.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00012683

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

2 8 20 PM 5:14

1. The name of a limited liability company is
DESTINATION ANYWHERE TRAVEL AGENCY LLC

2. The Articles of Organization were filed on May 09, 2019 and assigned
document number L19000126801

3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2020
(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).

Closed Business due to Covid - 19

Closed Business due to Covid - 19

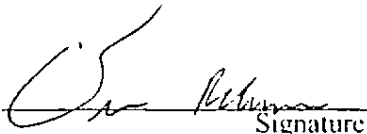
Closed Business due to Covid - 19

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

3617 S. St. Lucie Dr.

Casselberry, FL. 32707

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

Oran Robinson

Printed Name

FILING FEE: \$25.00