L19000176032

(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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DIVISION OF CORPORATIONS
2020 APR 27 PM 3:42

Dissolution

APR 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHERWOOD WORLD 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:

DAVID SHERWOOD
(Name of Person)

(Firm/Company)

945 GREENSWARD LN
(Address)

DELRAY BEACH, FL 33445-9022
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SHERWOOD at (561) 573-0122
(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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 FEB 27 PM 3:42

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
SHERWOOD WORLD TRAVEL LLC

2. The Articles of Organization were filed on 07/08/2019 and assigned document number L19000176032

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).
I HAVE NO BUSINESS, AND HAVE NOT MADE ANY PROFITS

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20 MAR 27 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
DAVID SHERWOOD
945 GREENSWARD LN
DELRAY BEACH, FL 33445-9022

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:

David Sherwood
Signature

DAVID SHERWOOD
Printed Name

FILING FEE: $25.00