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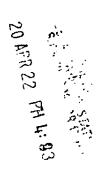
(Req	uestor's Name)	
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(City)	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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04/22/20--01009--015 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOUTIQUE JOURNEYS 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:
(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: **Posemary** (Name of Person)**
BOUTIQUE JOURNEYS LLC (Firm/Company)
9883 SE 178 PLACE
SOMMERFIELD FL 34491 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (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:Street Address:Registration SectionRegistration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY
1. The name of a limited liability company is DOUT QUE JOURNEYS LLC
2. The Articles of Organization were filed on July 8, 2-019 and assigned document number
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). Cleause of OVID-19 my trevel business Mon-epistent, It does not make good
business sense to keep the company open.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Pose Mary Ganci 9883 SE 178 th Place Summer Field, FL 34491
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:
Roseman Hanci Rosemary Ganci Signature Printed Name

FILING FEE: \$25.00