

LI9000202188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

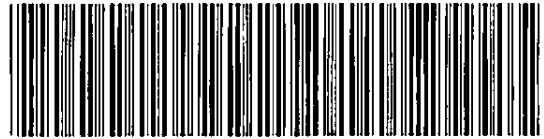
(Document Number)

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04/04/24--01013--022 \*\*25.00

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2024 APR -4 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUST STAY AWHILE, 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:

Jeffrey Harvey Jr

\_\_\_\_\_  
(Name of Person)

JUST STAY AWHILE, LLC

\_\_\_\_\_  
(Firm/Company)

9091 Silver Palm Ct

\_\_\_\_\_  
(Address)

Fort Myers, FL 33919

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Harvey Jr

\_\_\_\_\_  
(Name of Person)

239

671-0235

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  
JUST STAY AWHILE, LLC

2. The Articles of Organization were filed on 08/08/2019 and assigned  
document number L19000202188

3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/24  
(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).

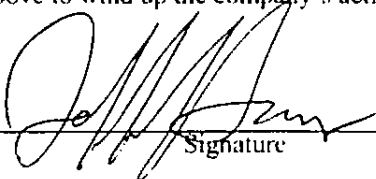
This was a single property vacation rental business and the property was recently sold.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

Jeffrey Harvey Jr

Printed Name

**FILING FEE: \$25.00**