

L200000100755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

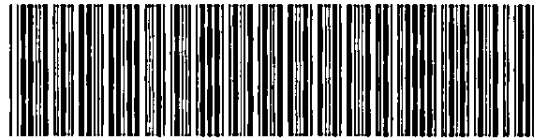
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/22--01015--011 **25.00

2022 MAY 23 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDT Golf Services

(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:

James Hill

(Name of Person)

IDT Golf Services

(Firm/Company)

749 S Fischer Circle

(Address)

Sebastian, FL 32958

(City/State and Zip Code)

For further information concerning this matter, please call:

James Hill

727

224-5246

at (

(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:

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

FILED

2022 MAY 23 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

IDT Golf Services LLC

2. The Articles of Organization were filed on 04/10/2020 and assigned

document number L20000100755

3. The delayed effective date the dissolution if not effective on the date of filing: 04/04/2020
(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).

No longer needed

No longer needed

No longer needed

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Aimee Hill 749 S Fischer Circle Sebastian, FL 32958

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

Aimee Hill
Printed Name



FILING FEE: \$25.00

JAMES HILL