K21000050574

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Dodinost vosso)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special motions to 1 ming officer.	
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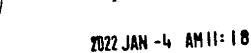
> JAN 0 6 2022 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Onsite Travel (Name of Limi	Planning (ted Liability Corpany)
The enclosed Articles of Dissolution and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	o the following:
Izanna L	evintova me of Person)
(Fin	rm/Company)
116 Skyline ((Address)
Lakewad, (City/St	NJ 08701 (ate and Zip Code)
For further information concerning this matter, please call	1:
Izana Levintova (Name of Person)	at (917) 325-5117 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 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

RECEIVED

SECRETATIVAL STATE



Letter Number: 721A00029412

FLORIDA DEPARTMENT OF STATE Division of Corporations \$

December 7, 2021

IZANNA LEVINTOVA 116 SKYLINE DRIVE LAKEWOOD, NJ 08701

SUBJECT: ONSITE TRAVEL PLANNING LLC

Ref. Number: L21000050574

We have received your document for ONSITE TRAVEL PLANNING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You failed to list the address of the person appointed to wind up the entity affairs in the space provided.

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.

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Onsite Travel Planning
2.	The Articles of Organization were filed on $\frac{07/12/21}{}$ 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).
	The company needed to be incorporated, so we
	chaided to close out our LLC.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Izanma Levintova
	116 Skyline Dr
	Carewood, NJ 08701
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	The wintowa Izanna Levintova
	Signature 170000 Levintova Printed Name

FILING FEE: \$25.00