

121 0000317550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

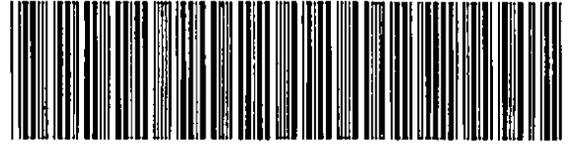
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
NOV 30 2021

Office Use Only



700376039367

11/05/21--01006--010 **25.00

FILED
2021 NOV -5 PM 10:26
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Glove Mouse Vacations 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:

R.J. Reina

(Name of Person)

(Firm/Company)

10163 Shallow Water DR

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

RJ Reina

(Name of Person)

at (407) 319 8183

(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

2021 NOV -5 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

White Glove Mouse Vacations LLC

2. The Articles of Organization were filed on 7/9/21 and assigned

document number L21000317580

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).

ending of lawful business in the state of 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:

RJ Reina

10163 Shallow Water Dr

Winter Garden FL 34787

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

RJ Reina

Printed Name

FILING FEE: \$25.00