

5/6/24, 11:43 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000492892

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REED MAWHINNEY & LINK, PLLC
Account Number : I20180000105
Phone : (863)687-1771
Fax Number : (863)687-1775

RECEIVED

2024 MAY -6 PM12:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
SHIVER ME TRAVELS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

2024 MAY -6 AM11:30

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MAY 07 2024
K. Brumbley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shiver Me Travels, 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:

William T. Link

(Name of Person)

Reed Mawhinney & Link

(Firm/Company)

53 Lake Morton Drive, Ste. 100

(Address)

Lakeland, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

William T. Link

863

687-1771

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Shiver Me Travels, LLC
2. The Articles of Organization were filed on 11-17-2022 and assigned
document number L22000492892
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).
Dissolution was approved by the member in the manor required by this chapter and the Operating Agreement
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
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:

Melinda E White
Signature

Melinda E. White

Printed Name

FILING FEE: \$25.00

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Doc ID: 33ab8f1b2fdcf01d780fd14b484b07d43d58aef7

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Shiver Me Travels

Document number of Limited Liability Company is: L22000492892

Date of dissolution was: 05/01/2024

Description of information that must be included in a written claim:

All claims must include: The claimant's name, claim amount, basis for claim, origination date for claim,

claimant's address, claimant's phone number, and claimant's email address.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

359 Treasure Cay Cove

Lake Alfred, FL 33850

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Melinda E. White

Printed Name of the Person Filing

Melinda E White

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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