

L23 000 117 010

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

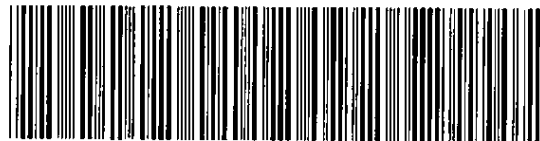
(Document Number)

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Special Instructions to Filing Officer.

Cover sheet 11-511

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SEP 10 PM 4:29  
TALLAHASSEE, FL  
STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAVISH AIR BNB LLC

**DOCUMENT NUMBER:** L23000117010

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRYSTAL C GRIFFIN

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

LAVISH AIR BNB LLC

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

529 TERRACEVIEW COVE UNIT 206

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

ALTAMONTE SPRINGS, FL 32714

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

For further information concerning this matter, please call:

KRYSTAL C GRIFFIN

at ( 929 )

487-7577

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

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status & 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

VLAVISH AIR BNB LLC

2. The Articles of Organization were filed on 03/02/2023 and assigned

document number L23000117010

3. The delayed effective date the dissolution if not effective on the date of filing: 07/01/2024  
(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).

DISSOLVING DORMANT LLC

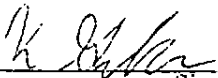
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

KRYSTAL C GRIFFIN

529 TERRACEVIEW COVE UNIT 206

ALTAMONTE SPRINGS, FL 32714

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

KRYSTAL C GRIFFIN

Printed Name

**FILING FEE: \$25.00**