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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE VENGARD GROUP, 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:

Thomas R. Waelchli, Esq.

(Name of Person)

Law Offices of Thomas R. Waelchli

(Firm/Company)

100 W. Big Beaver Road, Suite 385

(Address)

Troy, MI 48084

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas R. Waelchli, Esq.

(Name of Person)

at ( 248 ) 526-9595  
(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TELEPHONE  
(248) 526-9595

LAW OFFICES  
**THOMAS R. WAECHLI**  
100 WEST BIG BEAVER ROAD, SUITE 385  
TROY, MICHIGAN 48064  
tomrw@msn.com

FACSIMILE  
(248) 743-0900

February 9, 2015

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: **The Vengard Group, LLC**

Dear Sir/Madam:

Enclosed please find **Cover Letter** and **Articles of Dissolution** concerning **The Vengard Group, LLC** along with my check in the amount of \$55.00. Please file in your usual manner and return a certified copy to me in the enclosed envelope.

If you have any questions or require any additional information, please feel free to contact me.

Very Truly Yours,



Thomas R. Waelchli

TRW/smu

cc: The Vengard Group, LLC

1. The name of a limited liability company is  
The Vengard Group, LLC

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Consent of all members 605.0701(2)**

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

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

**Joseph DePonio, Jr.**

Printed Name \_\_\_\_\_

**FILING FEE: \$25.00**

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