# LO40000/0885

(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:				

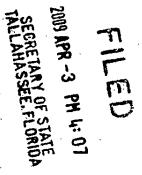
Office Use Only





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T. CLINE
APR - 6 2009
EXAMINER

### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 24, 2009

JAMES CASSIDY 3664 SAW SIMEON CIRCLE WESTON, FL 33331

SUBJECT: V PLAYR LLC Ref. Number: L06000010885

We have received your document for V PLAYR LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your che properly credited.

Please return your document, along with a copy of this letter, within 60 days a your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00009893

## **COVER LETTER**

	ation Section n of Corporations		
SUBJECT:	V PLAYR, LLC (Name of Limited Liability Company)		
	(Name of Limited Liability Company)		
The enclosed Ar	ticles of Dissolution and fee(s) are submitted for filing.		
· Please return all	correspondence concerning this matter to the following:		
•			
•	JAMES F. CASSEDY (Name of Person)		
	(Name of Person)	_	
	V PLAYR, LLC (Firm/Company)		
		一切 営	
	3664 SAN SIMBON GROLIZ (Address)	2009 APR	7
,	(Address)	ASA -3	-
	WESTOW, FL 3333) (City/State and Zip Code)	PH 4: 07	
·	(City/State and Zip Code)	FLO	
For further inform	mation concerning this matter, please call:	器 9	•
-7	Source F Caseron 9511 2119 11101		
	Name of Person) at (954) 349-1491 (Area Code & Daytime Telephone Nur	nber)	
	, , , , , , , , , , , , , , , , , , ,	,	
Enclosed is a check	k for the following amount:		•
\$25.00 Filing Fe	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Co	f Status &	
	(4-3-1-3-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		

### **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

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is VPLAYR LLC	
2. The Articles of Organization were filed on <u>JA</u>	
3. The date the dissolution was approved: MARC	CH 1, 2009.
'4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to section cover letter).
IC WRITTEN CONSENT OF	BOTH MGR'S HERE IN.
5. CHECK ONE:	Z009
OR-	e limited liability company have been paid of the harmed.  e debts, obligations and liabilities pursuant to \$208.4421.
<ol> <li>All remaining property and assets have been distri- rights and interests.</li> </ol>	ibuted among its members in accordance with their respective
7. CHECK ONE:	Corn Loral
There are no suits pending against the con-OR-Adequate provision has been made for the entered against it in any pending suit.	mpany in any court.  e satisfaction of any judgment, order or decree which may be
lignatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
	JAMES F. CASSEDY
Lu Sallek	John Selft
	1945
	**************************************

FILING FEE: \$25.00