

LO 7 0000 51856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

MAIL

(Business Entity Name)

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Certified Copies _____

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Office Use Only



600163754816

12/24/09--01040--003 **25.00

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09 DEC 24 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VEN A MIAMI VIRTUAL.COM 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:

HECTOR ESPINOZA

(Name of Person)

VEN A MIAMI VIRTUAL.COM LLC

(Firm/Company)

10045 NW 46th St #102

(Address)

DORAL FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR ESPINOZA

(Name of Person)

at (786) 554-8161

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

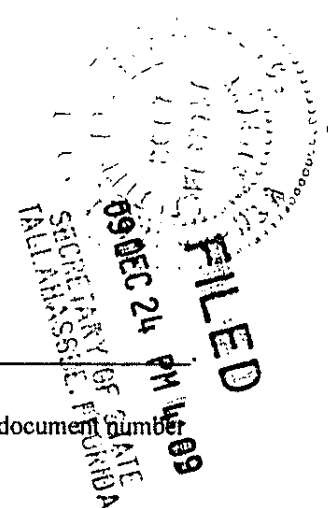
☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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/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

VEN A MIAMI VIRTUAL.COM LLC

2. The Articles of Organization were filed on May 15th 2007 and assigned document number

L07000051856

3. The date the dissolution was approved: 12/31/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

According to Section (1) Letter (c): "upon written consent of all of the members"

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

EDUARDO NAVAS
FRANCISCO CALDERON
OLGA APOSTOL
HECTOR ESPINOZA

Change of Address or Business Name for Sales and Use Tax

Complete this form, sign it, and mail it with your tax return if:

- the address below is not correct
- the business location changes
- the business name changes

If you have a change of legal entity or move from one county to another county, you must register online or complete and mail a new *Application to Collect and/or Report Tax in Florida (Form DR-1)*. To register, see Resources in the instructions, contact your local Department of Revenue Service Center, or call Taxpayer Services (see outside back cover). You must submit a change of address form for each location. If you are closing or selling your business or have a change in legal entity, complete the form on the reverse side.

CERTIFICATE NO. 23-8013853176-7
VEN A MIAMI VIRTUAL.COM LLC
670 NW 85TH PL APT 201
MIAMI FL 33126-3860

Signature of Taxpayer (Required)

Date

12/22/09
0500 0 20089999 0001000999 3 4000001385 3176 2

Certificate Number (if not preprinted at lower left)

23-8013853176-7

New
Location
Address

Business Location

10045 NW 46th St #102
City DORAL State FL ZIP 33178

Business Telephone (786) 554-8161 County DADE

New
Mailing
Address

In Care of

HECTOR ESPINOZA
Mailing Address 10045 NW 46th St #102
City DORAL State FL ZIP 33178

Owner's Telephone (786) 554-8161 County DADE

Mailing address change is for: ☐ Sales tax only or ☒ All Taxes

New Business Name

N/A

OBA Business Name