

L07000090743

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACKERMAN, LINK & SARTORY, P.A.
Account Number : 110435002274
Phone : (561) 838-4100
Fax Number : (561) 838-5305

Attn: Vicki Colletti

**LLC DISSOLUTION OR WITHDRAWAL
VIRTUAL SNOW OF PALM BEACH COUNTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

15 APR 10 AM 10:00

DEPT OF COMMERCE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 10 AM 11:13

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APR 13 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Snow of Palm Beach County, 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:

Vicki Colletti

(Name of Person)

Ackerman Link & Sartory PA

(Firm/Company)

777 South Flagler Drive, Suite 800 East

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki Colletti

(Name of Person)

561

838-4100

at (

(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:

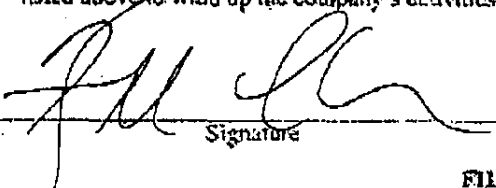
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Virtual Snow of Palm Beach County, LLC
2. The Articles of Organization were filed on September 21, 2007 and assigned
document number L07000096743
3. The delayed effective date the dissolution if not effective on the date of filing: Date of filing
(effective date cannot be prior to or more than 90 days before the date document is received for filing)
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),
Consent of all members pursuant to Section 605.0701(2), Florida Statutes
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:


SignatureKimberley L. Ackerman
Printed Name

FILING FEE: \$25.00

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