

L080000067397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

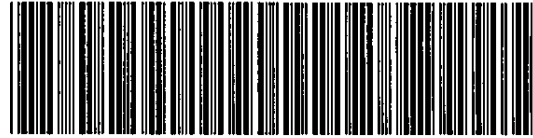
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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Office Use Only



300259254023

04/22/14--01026--025 \*\*25.00

EFFECTIVE DATE

6-30-14

FILED  
14 APR 22 AM 10:07  
ST. JAMES COUNTY  
TALLAHASSEE, FLORIDA

APR 25 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VPM 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:

Dr Pascal Zeller

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

VPM LLC

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

16 Wilderness Lane

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

Spenceer, TN 38585

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

For further information concerning this matter, please call:

Dr Pascal Zeller

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

931

at (\_\_\_\_\_) \_\_\_\_\_

510-8300

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

EFFECTIVE DATE

6-30-14

FILED  
14 APR 22 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
VPM LLC

2. The Articles of Organization were filed on July 11, 2008 and assigned  
document number L08000067397

3. The delayed effective date the dissolution if not effective on the date of filing: 06/30/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

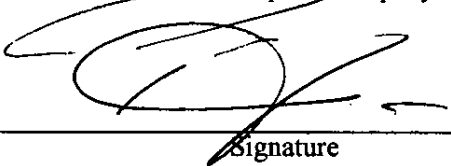
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Relocating to TN

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

16 Wilderness Lane

Spencer, TN 38585

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

Pascal Zeller

Printed Name

FILING FEE: \$25.00