

LG90000 27625

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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JUL 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERFE 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:

ZAEDY R. POZO

(Name of Person)

(Firm/Company)

2655 LeJeune Rd, PH ID

(Address)

CORAL GABLES, FLA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ZAEDY R. POZO

(Name of Person)

at (305) 442-7141

(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**

1. The name of a limited liability company is

VERFFE LLC

2. The Articles of Organization were filed on MARCH 9, 2009 and assigned

document number L09000027625

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

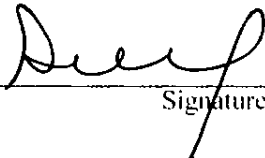
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

UNANIMOUS VOTE OF MEMBERS TO
DISSOLVE THE COMPANY

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

JAEDY R. POZO, AUTHORIZED REPRESENTATIVE
2655 LEJUNE RD, PH ID
CORAL GABLES, FLA 33134

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

JAEDY R. POZO, AUTHORIZED REPRESENTATIVE
Printed Name

FILING FEE: \$25.00

FILED
2009 MAR -1 P 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF ZAEDY R. POZO
GABLES INTERNATIONAL PLAZA
2655 LEJEUNE ROAD
PENTHOUSE I-D
CORAL GABLES, FL 33134

Tel: (305) 442-7141
Fax: (305) 447-8369
Zaedypl23@aol.com

June 30, 2016

Secretary of State
ATT: Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

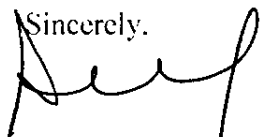
RE: Verfe, LLC – Articles of Dissolution and Resignation
Document No. L09000027625

Gentlemen:

Attached please find my check in the amount of \$80 to cover Filing Fee for Articles of Dissolution (and Certified Copy) and Filing Fee for Resignation of Member/Manager on the above-referenced matter. I have included an additional copy to be certified and returned to me at the above-referenced address.

Should you have any questions, feel free to contact me.

Sincerely,



Zaedy R. Pozo, Esq.
Enc. Articles of Dissolution, Resignation, check