# L09000038302

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J. HARRIS

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

18th Place VB 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:

Christie Butler	
(Name of Person)	
(Firm/Company)	
PO Box 700335	
(Address)	
Wabasso, FL 32970	
(City/State and Zin Code)	

For further information concerning this matter, please call:

## **Christie Butler**

...//**2** 

360-4572

(Name of Person)

(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  18th Place VB LLC	y company is		·	
2.	The Articles of Organization	were filed on June 10, 2015 and assigned	ed.		
	document number L090000383	302			
3.	Note: If the date inserted in this	e dissolution if not effective on the date of filing. June 30, 201 ate cannot be prior to or more than 90 days later than date document is recess block does not meet the applicable statutory filing requirements, the date on the Department of State's records.	5 eived for f his date v	iling) will no	ot b <b>e</b>
4.	A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in the limited liability company's dissolution pur	suant to	secti	ion
	Assets of Business were sold.				
5.	If there are no members, enter activities and affairs:	the name and address of the person appointed to wind up th	e compa	any's	
	-				
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are no members, the signature of the person a pany's activities and affairs:	ppointe	—— d and	l
	Chita Donth	Christie Butler			
	Signature	Printed Name		<u>-</u>	
		FILING FEE: \$25.00	STASSEE, FLO	UN 12 PM 2	FILED