

L10000046311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

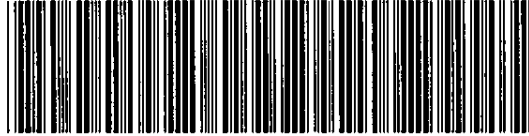
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/01/15--01048--023 **55.00

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15 JUN 12 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP S. A., 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:

Carlos A Costa

(Name of Person)

VIP S. A., LLC

(Firm/Company)

3075 NW 126th Avenue

(Address)

Sunrise, FL 33323-6342

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos A Costa

(Name of Person)

at (954) 316-5866

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 12 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2015

CARLOS A COSTA
3075 NW 126TH AVE
SUNRISE, FL 33323-6342

SUBJECT: VIP S. A., LLC
Ref. Number: L10000046311

We have received your document for VIP S. A., LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00011569

June 8, 2015.

Dear Tammy Hampton – Regulatory Specialist III,

Ref.: Letter Number: 915A00011569

Hello!

Hello!

My wife and I are the only members of VIP S A, LLC, there are no other employees, neither any debts nor claims against our business. The company did not reach a breakeven level and it is not profitable and that is the reason we have decided to close our business, can you help us to solve matter?

I have excluded "the Notice of Limited Company Dissolution" from my request after I have talked to you over the phone (850) 245-60 51 on June 8, 2015.

Please, e-mail or mail us instructions about necessary step to close our business.

Regards,


Carlos Costa & Rosane Costa

3075 NW 126th Avenue

Sunrise, FL 33323-6342

E-mail: carlosusabrazil@hotmail.com

Phone: 954-316-5866

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
VIP S. A., LLC

2. The Articles of Organization were filed on April 29, 2010. and assigned
document number L10000046311

3. The delayed effective date the dissolution if not effective on the date of filing: May 29th, 2015.
(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.

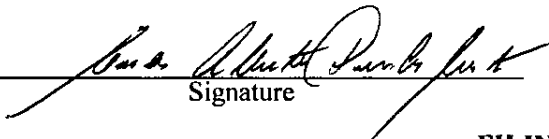
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Company did not reach a break even level and it is not profitable either.

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

3075 NW 126th Avenue

Sunrise, FL 33323-6342

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

Carlos A Costa

Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA