# 10000106421

(Requestor's Name	e)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Na	ame)				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# VPG CONSULTANTS LLC

SUBJECT:

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAOLA DUNMIRE

(Name of Person)

VPG CONSULTANS LLC

(Firm/Company)

3614 SANCTUARY DR

(Address)

SAINT CLOUD, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

## PAOLA DUNMIRE

...407

373-6788

(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 liabi				·'		
2.	The Articles of Organization	on were filed on 10/12/2010	and	assigned			
	document number L100001						
3.	Note: If the date inserted in	the dissolution if not effective e date cannot be prior to or more than this block does not meet the appli- ctive date on the Department of St	icable statutory filing requires	1/2015 nt is received for filin nents, this date will	g) not be		
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).						
	NO LONGER ON BUSINESS OR ACTIVITY						
5.	If there are no members, en	ter the name and address of th	e person appointed to win	d up the company	16 MAR 1.3		
	activities and affairs:	PAOLA A DUNMIRE		<u> </u>	<u> </u>		
		3614 SANCTUARY DR		2: 2 <b>5</b>	) [" }		
		DT CLOUD FL 34769			_		
6. lis	Signature of an authorized pated above to wind up the con	person or if there are no memb npany's activities and affairs:		erson appointed as	— nd		
	Signature		Printed Name	)	_		

FILING FEE: \$25.00

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: VPG COUNSULTANTS LLC  Document number of Limited Liability Company is: L10000106421	2	
Date of dissolution was: 12/31/2015	-	
Description of information that must be included in a written claim:		
NO LONGER IN BUSNIESS OR ACTIVITY	<u>.</u>	
	profession of the contract of	16 AL
	2007 2007 2007	R 17
	- 1767 - 1767	PM
		2:25
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora  3614 SANCTUARY DR	itions)	
ST CLOUD FLORIDA 34769		
A claim against the above named limited liability company will be barred unless a proceeding claim is commenced within 4 years after the filing of this notice.	ig to enfoi	rce the
PAOLA DUNMIRE Faul	)	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

Signature of the Person Filing