

210000 1260270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

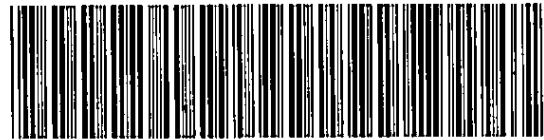
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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O SIMMONS  
MAY 20 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VATTIKUTI INVESTMENTS II, 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:

HEATHER DAVIAU

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

BUTZEL LONG

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

41000 WOODWARD AVENUE, STONERIDGE WEST

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

BLOOMFIELD HILLS MI, 48304

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

For further information concerning this matter, please call:

HEATHER DAVIAU

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

248

at (

258-3868

) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

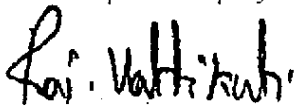
MAR 15 AM 6:59

1. The name of a limited liability company is  
VATTIKUTI INVESTMENTS II, LLC
2. The Articles of Organization were filed on DECEMBER 8, 2010 and assigned  
document number L10000126270
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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
THE CONSENT OF ALL THE MEMBERS.

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

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

Rajendra B. Vattikuti, Managing Member

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

4/21/15 10:15 AM 6:59  
**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: VATTIKUTI INVESTMENTS II, LLC

Document number of Limited Liability Company is: L10000126270

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Claims against the Company must be filed in writing and sent by first class certified mail for consideration by the  
Company. All claims must include substantiating documentation and other information to permit the Company to  
make a reasonable judgment as to whether the claim should be accepted or rejected. a Claim against the Company  
will be barred by the Florida Revised Limited Liability Company Act unless an action to enforce the claim is  
commenced within four years after the filing of this notice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Robert P. Perry

Butzel Long

41000 Woodward Avenue, Stoneridge West

Bloomfield Hills, MI 48304

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rajendra B. Vattikuti, Managing Member

Printed Name of the Person Filing

Raj. Vattikuti

Signature of the Person Filing

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