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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VORWARTS ENTERPRISES 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:

(Name of Person)

(Firm/Company)

253 MALEAN DINE

APOPXA FL. 32712

For further information concerning this matter, please call:

(Name of Person) at (321) 356 - 6294 (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:	1. The name of a limited liability company is \[\begin{align*} \text{IORWARTS} & \text{ENTER PRISES} \\ 2. The Articles of Organization were filed on \[\begin{align*} \text{IIORO (1233 \ 67)} & \text{Articles of Organization} \] \[\text{Align*} & \text{Articles of Organization} & Articles of Organizat		
2.			
	document number		
3.	. The delayed effective date the dissolution if not effective on the date of filing:		
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).		
	NOT PROFITABLE		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs:		
	253 MALEAN DR.		
	APOPRA FL. 32712 ES =		
	HAS I		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
1			
/	PANE PAROLI)		
\neq	Signature Printed Name		

FILING FEE: \$25.00