

L12000022493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

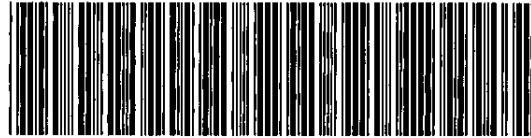
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bush APR 8 2014

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISION GROUP NETWORK 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:

Sergio Velez

(Name of Person)

(Firm/Company)

430 Grand Bay Drive Apt. 603

(Address)

Key Biscayne, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Sergio Velez

(Name of Person)

at ( 305 ) 365-6465

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &  
Certificate of Status

ρ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

ρ \$60.00 Filing Fee,  
Certificate of Status &  
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 company is  
VISION GROUP NETWORK LLC
2. The Articles of Organization were filed on 02-15-2012 and assigned  
document number L12000022493
3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2013  
(effective date cannot be prior to or more than 90 days later than date document is received for 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).  
No Business Activity  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

14 APR -7 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

  
\_\_\_\_\_  
Signature

Sergio Velez

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

**FILING FEE: \$25.00**