

LR000062546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

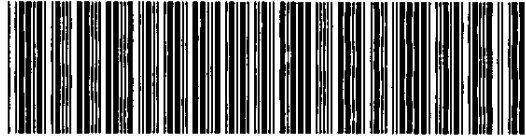
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Certified Copies _____

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2015 APR 16 PM 1:40
TALLAHASSEE FLORIDA

Apr 27 2015
B. HOGUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINNIE B, 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:

JOSEPH BRACCIO

(Name of Person)

JOE BRACCIO INC.

(Firm/Company)

16607 US HWY 19

(Address)

HUDSON, FL 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

KATY WISNER

(Name of Person)

at (727 862-1300)
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

VINNIE B, LLC

2. The Articles of Organization were filed on 05/07/2012 and assigned

document number L12000062546

3. The delayed effective date the dissolution if not effective on the date of filing: DATE OF FILING
(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).

PURSUANT TO CONSENT OF ALL 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: JOSEPH BRACCIO

16607 US HWY 19

HUDSON, FL 34667

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

JOSEPH BRACCIO

Printed Name

FILING FEE: \$25.00

2015 APR 16 PM 1:40
STATE OF FLORIDA
TALLAHASSEE

FILED