

213000616217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

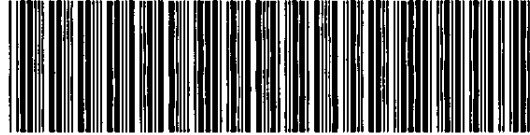
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Visionary Group
(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:

Bonnie Kilpatrick

(Name of Person)

(Firm/Company)

108 Pier 33 Dr. Apt. 405

(Address)

Mooreville, NC 28117

(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Kilpatrick

(Name of Person)

at (305) 923-3758

(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 liability company is

International Visionary Group

2. The Articles of Organization were filed on 1/13/2013 and assigned

document number 000 L13000016217

3. The delayed effective date the dissolution if not effective on the date of filing: Effective on 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).

Business was not good, created many problems
with contractors and we decided it was best to
dissolve the company.

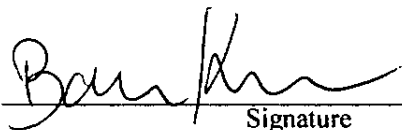
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Bonnie Kilpatrick

108 Pier 33 Dr. #405

McGreenville, NC 28117

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

Bonnie Kilpatrick
Printed Name

FILING FEE: \$25.00

15 JAN -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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