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18 JAN -9 PM 3: 40

DRETARY OF STALE ON OF CORPORATIONS

K SALY JAN 10 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VINCENT DE VRIE	MEDIA LLC
(Name of Limited L	iability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for	or tiling.
Please return all correspondence concerning this matter to the f	ollowing:
Jincent Del	Irles
(Name of	PC(Soff)
(Firm/Co	• •
126 SHADY BROC Athens, 6A 30 (City/State an	ok Dr
(Addr	essi
Athens, GA 30	6 05
(City/State an	d Zip Code)
For further information concerning this matter, please call:	
Vincent De Vries	305, 281 3894
(Name of Person)	(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, F1, 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

OIVISION OF CORPORATIONS

18 JAN -9 PM 3: 40

1.	The name of a limited liability company is VINCEN DEVRIES MEDICALLE
2.	The Articles of Organization were filed on $1/31/20/3$ and assigned
	document number $\frac{L/39600018948}{}$
3.	The delayed effective date the dissolution if not effective on the date of filing: \(\frac{2}{3} \) \(\frac{31}{17} \) teffective 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).
	moved activities to another State
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Vincent De Vinces

FILING FEE: \$25.00