

L13000059090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

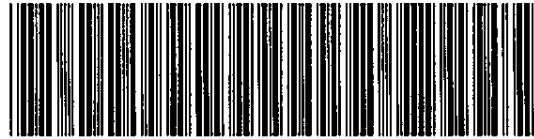
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270188913

03/13/15--01005--008 **25.00

FILED
15 MAR 13 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 APR 1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vapin in the Harbour, 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:

Elizabeth Dallessio

(Name of Person)

(Firm/Company)

5215 SW 23rd Avenue

(Address)

Cape Coral, FL, 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Dallessiio

(Name of Person)

239

at ()

541-2357

(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

A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Vapin in the Harbour, LLC

2. The Articles of Organization were filed on 4/22/2013 and assigned

document number L13000059090

3. The delayed effective date the dissolution if not effective on the 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 ceased operations

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

activities and affairs:

15 MAR 13 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

Elizabeth A. D'Allesio
Signature

Elizabeth A. D'Allesio
Printed Name

FILING FEE: \$25.00