

LB000165030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

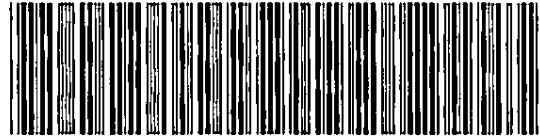
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/18--0101

2018 NOV 16 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12-7-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIC-SAX HOLDINGS LLC

DOCUMENT NUMBER: L13000165030

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Z. Garellek

(Name of Contact Person)

Steinberg/Garellek

(Firm/Company)

200 East Palmetto Road

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Garellek

561

391-3344

at ()

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,

Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: VIC-SAX HOLDINGS LLC
Document number of Limited Liability Company is: L13000165030
Date of dissolution was: 11/02/2018
Description of information that must be included in a written claim:

Return address

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TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Steinberg/Garrellek

200 East Palmetto Park Road

Boca Raton, Fl. 33432

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daniel Rabinovich

Printed Name of the Person Filing



Signature of the Person Filing