

L13000175342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

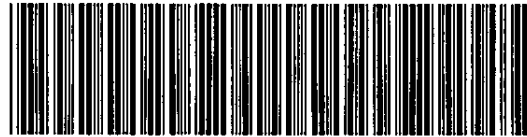
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/14--01011--013 **25.00

16 MAR 17 PM 10:04
STATE OF FLORIDA
TALLAHASSEE

J. E. Stevens MAR 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINEHUGGERS.COM 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:

ROBERTA EICHER

(Name of Person)

VINEHUGGERS.COM LLC

(Firm/Company)

4357 VIRGINIA DRIVE

(Address)

ORLANDO, FL 32814

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTA EICHER

(Name of Person)

at (

407) 414 1995

(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

VINEHUGGERS.COM LLC

2. The Articles of Organization were filed on DECEMBER 20, 2013 and assigned
document number L13000175342

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

FAMILY ILLNESS, NOT PROCEEDING INTO BUSINESS

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

ROBERTA EICHER

4357 VIRGINIA DR

ORLANDO, FL 32814

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

Roberta Eicher

Printed Name

ROBERTA EICHER

FILING FEE: \$25.00

14 MAR 17 PM 12:06
SECRET
TALLAHASSEE, FLORIDA