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(Re	equestor's Name)	
(Ad	ldress)	_
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
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Consist Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	
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Office Use Only



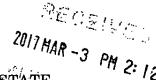
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TALLAHASSEE. FLOSIDA

MAR 1 5 2017 S. YOUNG





FLORIDA DEPARTMENT OF STATE AND SEED FLORIDA

February 16, 2017

VICTOR M VERDI VERDI ASSOCIATES GROUP, INC 312 E VENICE AVENUE STE 203 VENICE, FL 34285

SUBJECT: VSP MANAGEMENTS LLC

Ref. Number: L13000176886

We have received your document for VSP MANAGEMENTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 317A00003105

see THE ATTACHED
8!
SE DISSOLVE!
THANK YOU!

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VSP MANAGE MENT 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:	
Victor M. VERDI (Name of Person)	
VERDI ASSOCIATES GROWF INC. (Firm/Company)	TALLA TALLA
312 E. VENICE AVENUE # 203	FEB 15 PM 2: 04
Venice, Florida 34285 (City/State and Zip Code)	15 PM 2: 04
For further information concerning this matter, please call:	
(Name of Person) at (732), 829-839 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee and Certificate of Dissolution \$\sigma\$ \$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 liab	oility company is MANA GE MENT	LLC.	·
2. The Articles of Organizati		1/13	and assigned
document number	30 00/16880	O	
Note: If the date inserted in	ve date cannot be prior to or more	than 90 days later than dat applicable statutory filing	ng: e document is received for filing) g requirements, this date will not be
4. A description of occurrence 605.0707, Florida Statutes	ce that resulted in the limite, (copy 605.0707 on back co	d liability company's over letter).	dissolution pursuant to section
COMPANY	No Lonbert	ofelati NG	
5. If there are no members, e activities and affairs:	nter the name and address o	of the person appointed M. VELD	H to wind up the company's
	clo VERDI 3D E. VENICE	AssociATES Venice 1 FloriDA	AVE# 203
6. Signature of an authorized listed above to wind up the co	person or if there are no m	embers, the signature	of the person appointed and
Auto De	de	Vi Cle	M Verol

FILING FEE: \$25.00