

L13 000 178224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

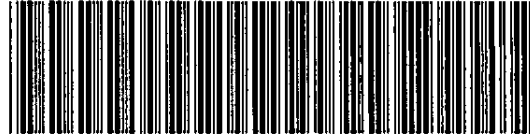
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000277208870

09/22/15--01013--016 \*\*55.00

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2015 OCT 26 PM 4:39  
CLERK OF COURT  
TALLAHASSEE FLORIDA

OCT 26 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **VIVAL SERVICES & SUPPLY 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:

**FRANKLIM ORTEGA-BASTARDO**

(Name of Person)

**VIVAL SERVICES & SUPPLY LLC**

(Firm/Company)

**11755 AURELIO LANE**

(Address)

**ORLANDO, FL 32827**

(City/State and Zip Code)

For further information concerning this matter, please call:

**FRANKLIM ORTEGA-BASTARDO** at **321 315-3017**

(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, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



RECEIVED

OCT 26 PM 2: 53  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations OF STATE  
TALLAHASSEE, FLORIDA

September 28, 2015

FRANKLIM ORTEGA-BASTARDO  
11755 AURELIO LANE  
ORLANDO, FL 32827

SUBJECT: VIVAL SERVICES & SUPPLY LLC  
Ref. Number: L13000178224

FILED  
2015 OCT 26 PM 4: 39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for VIVAL SERVICES & SUPPLY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 015A00020419

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
VIVAL SERVICES & SUPPLY LLC

2. The Articles of Organization were filed on 12/31/2013 and assigned  
document number L13000178224

3. The delayed effective date the dissolution if not effective on the date of filing: 09/09/2015  
(effective 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).

Closed 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:

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:

x

Signature

FRANKLIM ORTEGA-BASTARDO

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 OCT 26 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: VIVAL SERVICES & SUPPLY LLC

Document number of Limited Liability Company is: L13000178224

Date of dissolution was: 09/09/2015

Description of information that must be included in a written claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**FRANKLIM ORTEGA - BASTARDO**

Printed Name of the Person Filing

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**