

214 000011770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

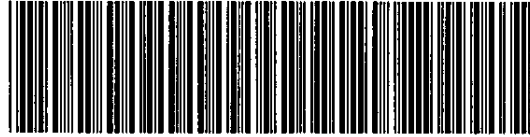
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMR Lincoln Road, 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:

Sanjiv Desai, VP Compliance and General Counsel

(Name of Person)

VMR Products LLC

(Firm/Company)

3050 Biscayne Boulevard, Suite 800

(Address)

Miami, Florida 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Sanjiv Desai

(Name of Person)

305

at ()

215-6928

(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
VMR Lincoln Road, LLC
2. The Articles of Organization were filed on January 22, 2014 and assigned
document number L14000011770
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).
This Company elected to do no business for the purpose of which it was organized.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jan A. Verleur, Manager
3050 Biscayne Blvd. Suite 800
Miami, FL 33137

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

Jan Verleur

Printed Name

FILING FEE: \$25.00

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