

L14 600018482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

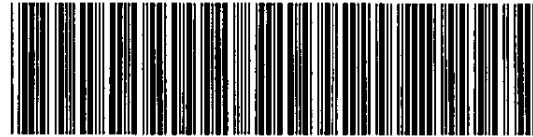
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258376108

04/08/14--01002--013 **52.50

04/08/14--01002--013 **52.50

APR 16 2014
T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR -8 AM 10:33

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Appraisals 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:

JASON A. WELT
(Name of Person)

Virtual Appraisals LLC
(Firm/Company)

1776 North Pine Island Rd.
(Address)

Plantation, FL 33322
(City/State and Zip Code)

2014 APR 28 AM 10:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JASON A. WELT at (954) 803-0790
(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

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

1. The name of a limited liability company is

Virtual Appraisals LLC

2. The Articles of Organization were filed on 2/3/14 and assigned

document number L14000018482

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).

No activity. Company changing to newly
formed Sub chapter S.

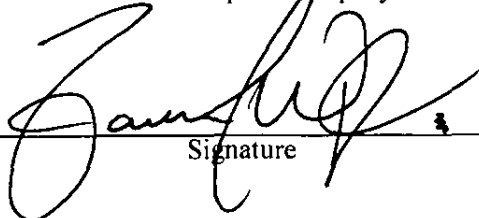
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JASON A. WEST

1776 N. Pine Island Rd • 221

Plantation FL 33322

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

JASON A. WEST

Printed Name

FILING FEE: \$25.00