

L14 0000 26476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S Warren

AUG 12 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VCF-FLORIDA P3 SOLUTIONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leslie Pichel

\_\_\_\_\_  
Contact Person

Vieste, LLC

\_\_\_\_\_  
Firm/Company

105 W Adams St, Suite 2700

\_\_\_\_\_  
Address

Chicago, IL 60603

\_\_\_\_\_  
City, State and Zip Code

lpichel@viestellc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Crosley

317  
at ( )

650-0010

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

VCF-FLORIDA P3 SOLUTIONS, LLC

1. The name of the company is: \_\_\_\_\_

L14000026476

2. The document number of the company is \_\_\_\_\_

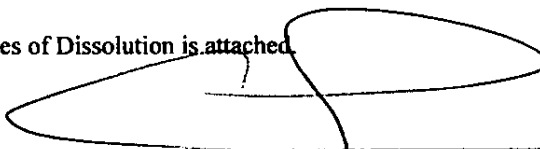
~~February 17, 2014~~

3. The effective date the Dissolution was filed is 8/4/16

August 4, 2016

4. The revocation of dissolution was authorized on \_\_\_\_\_

5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)**

CR2E132 (10/15)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 AUG 11 A 9:01

**FILED**

# *State of Florida*

## *Department of State*

I certify from the records of this office that VCF-FLORIDA P3 SOLUTIONS, LLC was a limited liability company organized under the laws of the State of Florida, filed on February 17, 2014.

The document number of this limited liability company is L14000026476.

I further certify that said limited liability company was voluntarily dissolved on August 4, 2016.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Sixth  
day of August, 2016*

*Ken Detmer*

*Secretary of State*



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