

L14000032927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

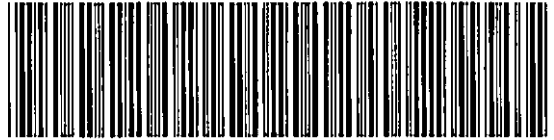
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500321025635

11/26/18--01011--022 **25.00

effective
12-1-18

L15
11-29-18

COVER LETTER

TO: Registration Section
Division of Corporations

Vape Pen Bros LLC

SUBJECT: _____
(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:

Ernestine Drought

(Name of Person)

Vape Pen Bros

(Firm/Company)

12041 Beach Blvd, #16

(Address)

Jacksonville, FL 32246

(City/State and Zip Code)

For further information concerning this matter, please call:

Ernestine Drought

912

223-2466

at (_____)

(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

FILED

2018 NOV 26 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Vape Pen Bros

2. The Articles of Organization were filed on 11/20/2018 and assigned
document number 114000032927

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2018
(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).

Lack of Funds, Status of Vape entity laws,

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

Ernestine Drought

2106 Marsh Point Rd

Neptune Beach, FL 32266

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

Ernestine Drought

Printed Name

FILING FEE: \$25.00

FILED

Notice of Limited Liability Company Dissolution

2018 NOV 26 AM 11:26

NOTE: This page is optional

SECRETARY OF STATE
TALLAHASSEE, FL

This notice is submitted by the dissolved limited liability company named below for resolution or payment of all 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: Vape Pen Bros LLC

L14000032927

Document number of Limited Liability Company is: _____

12/01/2018

Date of dissolution was: _____

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

11-30-2018

FLORIDA DEPT OF STATE # 1184 25.00

dissolve FL LLC

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

2106 Marsh Point Rd

Neptune Beach, FL 32246

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.

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