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| (Re | equestor's Name) | |
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| (Ad | ddress) | |
| (A ₁ | ddress) | |
| (/ " | uui coo, | |
| (Ci | ity/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bi | usiness Entity Na | me) |
| | | |
| (Di | ocument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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· Grand Office Use Only



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January 16, 2015

VINCENT PALMIERI 4616 W PAUL AVE TAMPA, FL 33611

SUBJECT: VIP PAINTING & RESTORATION LLC

Ref. Number: L14000078007



We have received your document for VIP PAINTING & RESTORATION LLC and your check(s) totaling \$25.00. 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 215A00000985

COVER LETTER

TO: Registration Section

Ç,

Division of Corporations

PAINTING & RESTORATION
(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:

| VINCENT PALMIERI | | |
|----------------------------|------------|------------|
| (Name of Person) | | |
| VIP PAINTING & RESTORATION | 2015 | |
| (Firm/Company) | CAE CAE | |
| 4616 W PAUL AVE | B-3 | Capaciana. |
| (Address) | 10 j | |
| TAMPA, FL 33611 | STA | |
| (City/State and Zip Code) | 95 S | |

For further information concerning this matter, please call:

at (786) 470 9320 (Area Code & Daytime Telephone Number) VINCENT PALHIERI
(Name of Person)

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 | | TION | | | | |
|-----------|---|---|-------------------------------|---------------------------------------|---------------------------|----------------------|------------|
| 2. | The Articles of Organization | were filed on | | 3,2014 | and ass | signed | — ' |
| | document number <u>L14</u> C | 00078007 | | | | | |
| 3. | The delayed effective date the (effective d | e dissolution if not ate cannot be prior to or | effective or r more than 9 | n the date of f | iling: date document i | s received for filin | ig) |
| 4. | A description of occurrence t 605,0707, Florida Statutes, (c | hat resulted in the lopy 605.0707 on ba | imited liab ack cover le | ility company etter). | 's dissolution | pursuant to se | ection |
| | DON'T HAVE | | | | | | <u></u> |
| | EXPERIENCE "TO Q | UPLIFY FOR | THE P | ROFESSIOI | VAL LICE | NZE ZE | 2015 |
| | | | | | | AHAS | - 83. |
| 5. | If there are no members, ente | r the name and add | ress of the | person appoin | ted to wind u | ip the company | ည ကို |
| | activities and affairs: | ····· | - <u> </u> | ··· · · · · · · · · · · · · · · · · · | | | <u>.</u> |
| | | | | | | AGI MAGI | 55 |
| | | | | | | | |
| | | | | | <u> </u> | | |
| 6. lis | Signature of an authorized peted above to wind up the com | rson or if there are pany's activities an | no member d affairs: | rs, the signatur | re of the pers | on appointed a | nd |
| /. | I ful- | , | 1 | LIASCEAFT | P | 1511 | |
| Signature | | | VINCENT PALHIEAI Printed Name | | | | |

FILING FEE: \$25.00