

Mar. 29. 2016 5:14PM
3/29/2016

C14000134217

Division of Corporations

No. 0130 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

MAR 31 2016
SHIVERS

**LLC DISSOLUTION OR WITHDRAWAL
VIMAGE GROUP, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
16 MAR 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 30 AM 10:45

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIMAGE GROUP, 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:

MARTIN A. VINCI

(Name of Person)

VIMAGE GROUP, LLC.

(Firm/Company)

918 71st Street

(Address)

Miami Beach, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN A. VINCI

(Name of Person)

at (786) 506-2971

(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

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

1. The name of a limited liability company is
VIMAGE GROUP, LLC.

2. The Articles of Organization were filed on 08/27/2014 and assigned
document number L14000134213

3. The delayed effective date the dissolution if not effective on the date of filing: 03/10/2015
(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).
COMPANY IS GOING OUT OF BUSINESS.

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

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:

Martin Vinci (Mar 28, 2016)

Signature

MARTIN A. VINCI

Printed Name

FILING FEE: \$25.00

FILED
16 MAR 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mar. 29. 2016 5:14PM

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of 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: VIMAGE GROUP, LLC.

Document number of Limited Liability Company is: L14000134213

Date of dissolution was: 03/10/2016

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

BRIEF DESCRIPTION OF CLAIM AND CONTACT INFORMATION

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

918 71ST STREET

MIAMI BEACH FL 33141

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.

MARTIN A. VINCI

Printed Name of the Person Filing

Martin Vinci (Mar 29, 2016)

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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SECRETARY OF STATE
ALABAMA
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