

L1400 0137233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

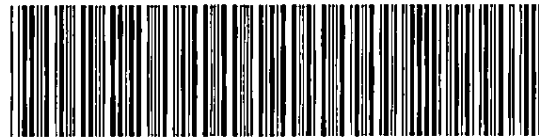
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/20/19--01006--007 **25.00

FILED
19 MAR 20 10 11 AM
TALLAHASSEE, FLORIDA

RECEIVED
MAR 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

(Name of Limited Liability Company)

Vital Holdings LLC.

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael James Patrick

(Name of Person)

(Firm/Company)

2172 N. ARDENELL WAY

(Address)

TALL. FL. 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ 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:

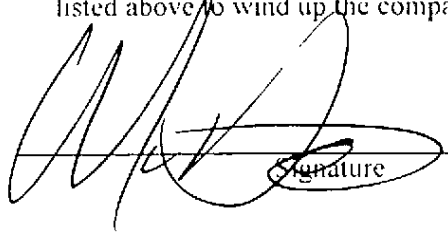
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

1. The name of a limited liability company is Vital Holdings LLC
2. The Articles of Organization were filed on 3/20/19 and assigned
document number L14000137233
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)
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).
No longer Transacting 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: Michael Patrick
2172 N. ARENDELL WAY
TALL. FL. 32308
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

Mike Patrick
Printed Name

FILING FEE: \$25.00