

L14000157133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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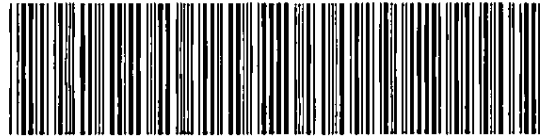
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 NOV 15 AM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 NOV 15 PM 4:56

K. SALY  
NOV 18 2019

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 11/15/19

**NAME:** VC MANAGEMENT FLORIDA LLC

**TYPE OF FILING:** DISSOLUTION

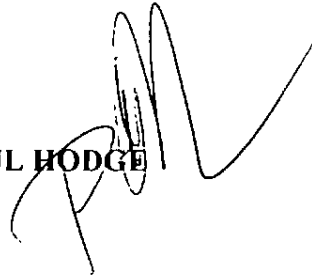
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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File First

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VC Management Florida 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:

Steven L. Hayes

(Name of Person)

Steven L. Hayes, PA

(Firm/Company)

P.O. Box 4929

(Address)

Clearwater, Florida 33758

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Hayes

(Name of Person)

at ( 727 ) 238-5754

(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**  
**19 NOV 15 AM 12:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
VC Management Florida LLC

2. The Articles of Organization were filed on October 8, 2014 and assigned  
document number L14000157133

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).

This LLC was originally formed to allow the owners to do business in Florida. They have now decided to use a  
Delaware LLC with the same name and this entity is no longer needed.

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

P.O. Box 4929

Clearwater, Florida 33758

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

Steven L. Hayes

Printed Name

**FILING FEE: \$25.00**