

#L14000161654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

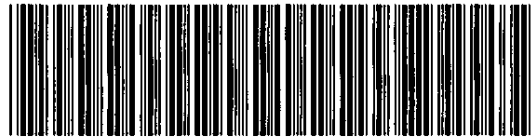
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800270506008

03/26/15--01022--009 **25.00

FILED
2015 MAR 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Dreams 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:

Felisha Mc Miller Simmons

(Name of Person)

Virtual Dreams LLC

(Firm/Company)

1801 East Colonial Drive #204

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Felisha Mc Miller Simmons at 321 441-5007

(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

2015 MAR 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Virtual Dreams LLC

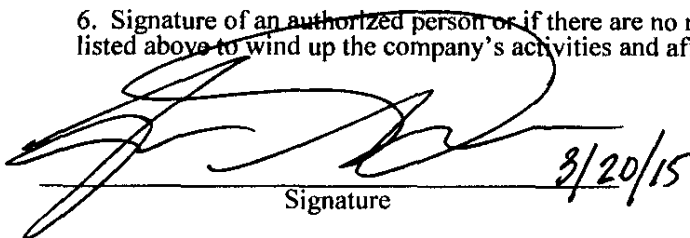
2. The Articles of Organization were filed on 10/14/2014 and assigned
document number L14000161654

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)

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 no longer in 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: N/A

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

3/20/15

Felisha Mc Miller Simmons

Printed Name

FILING FEE: \$25.00