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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VIBEFOR (Name of Limited)	1.iability Company)	
	• •	
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the	e following:	
GARY AXE		
(Name	of Person)	
(Nim)(Company)	
	•	
5947 OLD B	ERKLEY RO	
AUBURN DALI (City/State)	= FL 33823 and 7hp Code)	
For further information concerning this matter, please call:		
GARY AXE (Name of Person)	_at (
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:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
F.O. DOX 0321	The Centre of Tananassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab VIBE	FOR YOU	
2. The Articles of Organization	on were filed on $\bigcirc \bigcirc \bigcirc$	
document number	500035997	
Note: If the date inserted in	the dissolution if not effective on the date of filing: $\frac{10-29}{1000}$ we date cannot be prior to or more than 90 days later than date document is received a this block does not meet the applicable statutory filing requirements, this dective date on the Department of State's records.	-24 for filing) ate will not be
605,0707, Florida Statutes.	ce that resulted in the limited liability company's dissolution pursuant (copy 605.0707 on back cover letter).	to section
BUSINE	SS NO LONGER ACTI	[VF
		24
		. 1 40
		= [
5. If there are no members, e activities and affairs:	enter the name and address of the person appointed to wind up the con	rpany₃s ∞
	5947 OLD BERKLEY	<u>R</u> D
	AUBUAN DALE, FL	
	33023	
6. Signature of an authorized above to wind up the compan	person or if there are no members, the signature of the person appoints's activities and affairs:	nted and liste
Hay de	Le GARY AXE	
Signature/	Printed Name	
	FILING FEE: \$25.00	