

L15000054193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

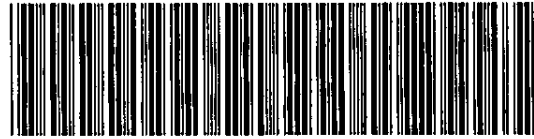
(Business Entity Name)

(Document Number)

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

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2016 APR 27 A 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 28 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2016

VICKI A VACEK  
15 N. CIRUS AVENUE  
CLEARWATER, FL 33765

SUBJECT: V SQUARED SOLUTIONS LLC.  
Ref. Number: L15000054193

We have received your document for V SQUARED SOLUTIONS LLC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 516A00005936

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: V Squared ~~Solution~~ Solutions 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:

Vicki A Vacek

(Name of Person)

(Firm/Company)

15 N CIRUS AVE

(Address)

Clearwater FL 33765

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki A Vacek

(Name of Person)

at ( 727 ) 504 6276

(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

V Squared Solutions LLC.

2. The Articles of Organization were filed on March 11, 2015 and assigned

document number L15000054193

3. The delayed effective date the dissolution if not effective on the date of filing: March 11, 2016  
January 1, 2016 *ms*  
(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).

Closing 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:

Vicki A Vacek  
15 N CIRUS AVE  
Clearwater FL 33765

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:

Vicki Ann Vacek  
Signature

Vicki Ann Vacek  
Printed Name

**FILING FEE: \$25.00**

2016 APR 27 A 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**