

L15000191200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

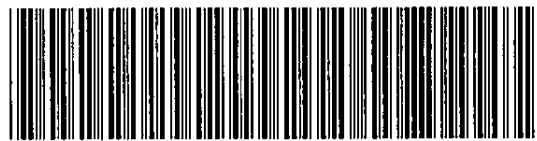
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/30/17--01030--028 **55.00

EFFECTIVE DATE
2/2/17

JAN 31 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 30 PM 5:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vertical Movement 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:

Darrell J. Irions

(Name of Person)

VMI

(Firm/Company)

13506 Summerport Village Pkwy STE 1803

(Address)

Windermere, FL 34786

(City/State and Zip Code)

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For further information concerning this matter, please call:

Darrell Irions

(Name of Person)

at (407) 347-8866

(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

Vertical Movement LLC

2. The Articles of Organization were filed on 11/16/2015 and assigned

document number L15000191200

3. The delayed effective date the dissolution if not effective on the date of filing: 02/28/2017

(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).

A change in business interests, which will require relocation to another State.

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Darrell J. Irions

13506 Summerport Village Parkway STE 1803

Windermere, FL 34786

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

Darrell J. Irions
Printed Name

FILING FEE: \$25.00