

L16000018544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

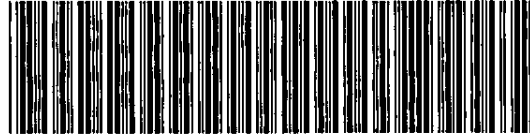
(Business Entity Name)

(Document Number)

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16 FEB -8 AM 11:45  
TALLAHASSEE, FLORIDA

FEB 09 2016

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida's Vulnerable Children Foundation, Not Sexually Vulnerable, Ages 12 to 18  
\_\_\_\_\_  
(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:

**Jolanta Biliunas**

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**3049 Cleveland Ave, Suite 239**

\_\_\_\_\_  
(Address)

**Fort Myers, Florida 33901**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Jolanta Biliunas**

\_\_\_\_\_  
(Name of Person)

at **239** **2471671**

\_\_\_\_\_  
(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  
Florida's Vulnerable Children Foundation, Not Sexually Vulnerable, Ages 12 to 18
2. The Articles of Organization were filed on Jan 27, 2016 and assigned  
document number L16000018544
3. The delayed effective date the dissolution if not effective on the date of filing: 02/03/2016  
(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).  
My loyer advised me to open not profit corporation instead of LLC for Florida's Vulnerable Children Foundation  
for that reason we closing LLC and opening nonprofit corporation.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

J. Biliunas  
Signature

Jolanta Biliunas

Printed Name

**FILING FEE: \$25.00**

FILED  
16 FEB + 8 AM 11:45  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Florida's Vulnerable Children Foundation, Not sexually Vulnerable, Ages 12 to 18

Document number of Limited Liability Company is: L16000018544

Date of dissolution was: 02/03/2016

Description of information that must be included in a written claim:

We opening nonprofit corporation for foundation instead of LLC.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3049 Cleveland Ave, Suite 239  
Fort Myers , FL 33901

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jolanta Biliunas

Printed Name of the Person Filing

J. Biliunas

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**