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(2)		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
<u>/Ci</u>	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
	ocument Number)	
(5)	ocument rumoci,	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/05/33--01001--011 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	VESTEM USA, LLC				
JOBST.		ted Liability Company)			
The end	closed Articles of Dissolution and fee(s) are submi	tted for filing.			
Please r	return all correspondence concerning this matter to	the following:			
	FLAVIO FERES				
	(Name of Person)				
	VESTEM USA, LLC				
	(Fit	m'Company)			
	20051 OCEAN KEY DR				
		(Address)			
	BOCA RATON, FL 33498				
	(City/St	ate and Zip Code)			
For furt	ther information concerning this matter, please call	l:			
	FLAVIO FERES	561 990-8194 at ()			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed	d is a check for the following amount:				
E	S25.00 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			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2023 DEC -5 PM 1: 06

1. The name of a limited VESTEM USA, LLC	liability company is		TÄLLAHASSEE, FLORIDA
2. The Articles of Organi	zation were filed on $\frac{05/06/2}{}$	2016	_ and assigned
document number L16	000087040	<u></u>	
Note: If the date inserte	fective date cannot be prior to or i		. 09-01-2023 document is received for filing) requirements, this date will not be
4. A description of occur 605.0707, Florida State	rence that resulted in the lintes, (copy 605.0707 on bac	nited liability company's di k cover letter).	ssolution pursuant to section
	merchandise and ceased oper		
5. If there are no member activities and affairs:	s, enter the name and addre	ess of the person appointed (to wind up the company's
	20051 OCEAN KEY	DRIVE	
	BOCA RATON, FL 3	3498	
6. Signature of an author above to wind up the com	ized person or if there are n pany's activities and affairs	o members, the signature of	the person appointed and listed
Hon	L	FLAVIO FERES	
Signati	ıre	Printed	Name

FILING FEE: \$25.00

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:	
Document number of Limited Liability Company is:	040
Date of dissolution was:	
Description of information that must be included in a written el	aim:
Receipt showing purchase purchase date	
Original form of payment, including CVV and experation date	2023 DEC
	HASS -5
	%E
	1.0800.
Mailing address where claims can be sent: (Claims cannot be se	₽
20051 OCEAN KEY DRIVE	
BOCA RATON, FL 33498	
A claim against the above named limited liability company will claim is commenced within 4 years after the filing of this notice	
	W.
FLAVIO FERES	Times
Printed Name of the Person Filing	Signifure of the Person Filing

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

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:				
Document number of Limited Liability Company is:				
Date of dissolution was:				
Description of information that must be included in a written of	claim:			
Receipt showing purchase purchase date				
Original form of payment, including CVV and experation date				
· · · · · · · · · · · · · · · · · · ·				
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)			
20051 OCEAN KEY DRIVE				
BOCA RATON, FL 33498				
A claim against the above named limited liability company w claim is commenced within 4 years after the filing of this noti				
FLAVIO FERES	the			
Printed Name of the Person Filing	Signature of the Person Filing			

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