L16 000 116055

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					





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cf 3/23/2022

COVER LETTER

то:	Registration Section Division of Corporations		•			
SUBJ	Victorian Garden Florist, 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:						
	Elizabeth Torres-Ortiz					
	(Name of Person)					
	Owner					
	(Firm/Company)					
	7753 Via Grande					
	(Address)					
	Boynton Beach Florida 33437					
(City/State and Zip Code)						
For further information concerning this matter, please call:						
	Elizabeth Torres-Ortiz	561 at (254-8090			
	(Name of Person)		Code & Daytime Telephone Number)			
Enclose	ed 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		Street Address: Registration Section				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

i.	The name of a limited liabi	lity company is	2022 HAR 14 AM 11: 51
	Victorian Garden florist, LLC	:	SECRETARY OF STATE TALLAHASSEE, FL
2.	The Articles of Organization	on were filed on June 15, 2016	TALLAHASSEE, FL
	document number L160001	16055	
3.	(effective Note: If the date inserted in	the dissolution if not effective on the date e date cannot be prior to or more than 90 days later this block does not meet the applicable statute ctive date on the Department of State's record	than date document is received for filing) ory filing requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the limited liability comp (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
	· ·	Landlord. Owner of business name is now rep	gistered as a Home Based On-line Ser.
5.	If there are no members, en	ter the name and address of the person ap Elizabeth Torres-ortiz	pointed to wind up the company's
		7753 VIA GRANDE BOYNTON BEACH, FL 33437	
6. ab	Signature of an authorized pove to wind up the company	person or if there are no members, the sign 's activities and affairs:	nature of the person appointed and listed
J.	Gabeth Janes -	Orles Elizabeth Torres	i-Ortiz
	7 Signature		Printed Name

FILING FEE: \$25.00