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# CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## VIOLET MA, LLC

Please Debit FCA00000003 For: 25	
Thank you Seth Neeley	
Atta	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	A(1, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/	Officer Search
A	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

TO: Registration Section Division of Corporations

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Violet MA, LLC

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SUBJECT:

(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:

Eric P Gros-Dubois, Esq.

(Name of Person)

EPGD Attorneys at Law, P.A.

(Firm/Company)

777 SW 37th Ave., Suite 510

(Address)

Miami, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

Eric P Gros-Dubois, Esq.	786	837-6787
· · · · · · · · · · · · · · · · · · ·	at (	_)
(Name of Person)	(Area Cod	le & 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Violet MA, LLC

2. The Articles of Organization were filed on  $\frac{08/24/2016}{2}$ \_\_\_\_ and assigned

document number \_\_\_\_\_\_\_

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).

the consent of all the members				•	
	<u> </u>	 	 :		
				•	
		 	 	· ·	
				-: 	

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:

Sance City

Adelaida C Bailey

Printed Name

FILING FEE: \$25.00