

L16000182871

(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:

Office Use Only

N. SAMS

OCT 03 2016



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09/30/16--01024--004 \*\*125.00

2016 SEP 30 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Leslie Dennis  
14578 Orange Blvd  
Loxahatchee, FL  
33470

2016 SEP 30 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 26, 2016


Division of Corporations,

I will not like to reinstate my LLC that has lapsed named  
Volpe Visions LLC  
Document # L14000192176

I do hereby give consent, that I will not reinstate this LLC under  
the above mentioned document number.

Included with this letter is a new Florida Limited Liability  
Company Filing form.

Thank you,

  
Leslie Dennis

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Volpe Visions, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Dennis  
Name of Person

Firm/Company

14578 Orange Blvd  
Address

Loxahatchee, FL 33470  
City/State and Zip Code

ljedennis@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Dennis (786) 663-9657  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Leslie Dennis  
14578 Orange Blvd  
Loxahatchee, FL 33470

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**

Leslie Dennis

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LESLIE DENNIS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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