

3365000717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

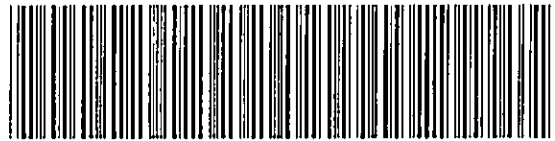
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/20--01001--004 **25.00

ST. ALBAN'S CHURCH
TALLAHASSEE, FLORIDA

2020 APR 20 AM 7:47

2020 APR 20 P11 3:56

APR 21 1970

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 04/20/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** **DISSOLUTION** _____

1. **VASA LENDING LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

VASA LENDING LLC

2. The Articles of Organization were filed on 3/9/2017 and assigned

document number L17000055633

3. The delayed effective date the dissolution if not effective on the date of filing:
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

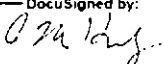
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

All business completed, consent to dissolve by all members.

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:

DocuSigned by:

567C8F5D15F4CA
Signature

James McKelvey

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
ALLAHASSEE FL 32017

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: VASA LENDING LLC

Document number of Limited Liability Company is: L17000055633

Date of dissolution was: 3/18/2020

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

The name and address of claimant

The amount claimed

The basis for the claim

The date on which the event on which the claim is based occurred

Any documentation in support

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jennifer A. Davis

Greenfelder, Hemker & Gale, P.C.

10 S. Broadway, Ste 2000

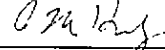
St. Louis, MO 63102

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.

James McKelvey

Printed Name of the Person Filing

DocuSigned by:



Signature of the Person Filing

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