## LIT 0000 73584

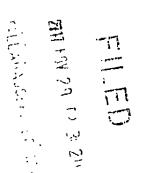
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations		
SUBJECT: VITAL ON DEMAND (Name of Limited I	Liebiling Common N	
(Name of Limited I	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to the	following:	
1.0	la	
(Name o	of Purson)	_
		_
(Firm/Co	(ompany)	
20761 WE 4th DI	Ant 102	
20761 NE 4th PI	dress)	_
N. M. ami Beach, FL	33/79	211 KOV 20 EV
(City/State a	nd Zip Code)	1007 20 ED
	2-1 ( )	~:
For further information concerning this matter, please call:		<u> </u>
		C
Jose Jayma (Name of Person)	at (805 ) 368-8664	
(Name of Person)	(Area Code & Daytime Telephone-Nur	mber)=
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)	
MAILING ADDRESS: Registration Section	STREET/COURIER ADI	DRESS:
registration section	Registration Section	

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limite	ed liability company is			
VITAL	ON DEMAND	LLC		·
2. The Articles of Orga	anization were filed on	April 4, 201	7 and assign	ed
document number _	<u> </u>	4		
Note: If the date inse	ye date the dissolution if n (effective date cannot be prior to erted in this block does not m at's effective date on the Dep	neet the applicable statutory	of filing: <u>H/30</u> an date document is red filing requirements.	//7 deived for filing) this date will not b
4. A description of occ 605.0707, Florida Sta	currence that resulted in th atutes, (copy 605.0707 on	e limited liability compa back cover letter).	ny's dissolution pu	rsuant to section
Cinsent t	from all members	S		
			<u> </u>	·
5. If there are no memb	pers, enter the name and a	ddress of the person appo	ointed to wind up th	ne company's
activities and affairs:	:			
				٠٠. ن م ، ،
		•		T T
			· · · · · · · · · · · · · · · · · · ·	ر. - بيا
				211
<ol> <li>Signature of an authoristed above to wind up</li> </ol>	orized person or if there as the company's activities	re no members, the signa and affairs:	iture of the person a	appointed and
		bye	Jasma	
Signa	ature		Printed Name	

**FILING FEE: \$25.00**