

L17000074621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

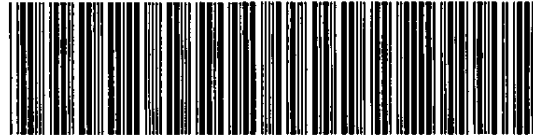
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700307939407

01/23/18--01009--008 **35.00

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JAN 22 2018

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18 FEB 20 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Notice of Limited Liability Company Dissolution - VLD Group, LLC

DOCUMENT NUMBER: L17000074621

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott D. Lehman, Esquire

(Name of Contact Person)

Eisenberg Lehman, PLLC

(Firm/Company)

255 Aragon Avenue, 2nd Floor

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

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FEB 20 2013

For further information concerning this matter, please call:

Scott D. Lehman, Esquire at **(786) 709-9323**

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

VLD Group, LLC

2. The Articles of Organization were filed on 04/03/2017 and assigned

document number L17000074621

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).

Never pursued the purpose for which it was created.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Scott D. Lehman, Esquire

Eisenberg Lehman, PLLC

255 Aragon Avenue, 2nd Floor

Coral Gables, Florida 33134

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CLERK OF THE COURT
HALLAND BEACH, FLORIDA

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:


Signature

Scott D. Lehman

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: VLD Group, LLC
Document number of Limited Liability Company is: L17000074621
Date of dissolution was: December 31, 2016

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

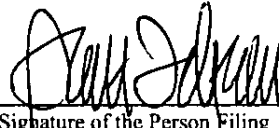
Claimant, Claim Amount, Description of Goods or
Services Provided, Date(s) Good or Services Provided

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

Eisenberg Lehman, PLLC
255 Aragon Avenue
2nd Floor
Coral Gables, Florida 33134

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.

Scott D. Lehman
Printed Name of the Person Filing


Signature of the Person Filing