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(F	Requestor's Name)					
(/	Address)					
(/	Address)					
(0	City/State/Zip/Phone #))				
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions t	o Filing Officer:					

Office Use Only



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COVER LETTER

	stration Section sion of Corporations	^				
SUBJECT:		<u> </u>	Jability Compar		5 YO	MP LLC
The enclosed	Articles of Dissolution and fee(s)	are submitted	for filing.			
Please return :	all correspondence concerning th	ica F	3ennet	+		
	Vantage	(Name o	Secu	rity	Grov	p
	315 - C W.	•		Tami	pa Fi	_ 33012
		(City/State a				_
	formation concerning this matter, Chame of Person)		at (813 (Area Co	<u></u> 47	le-19	140
	(Name of Person) heck for the following amount:		(Area Co	ode & Daytime	Telephone N	umber)
iX \$ 25.0	00 Filing Fee and Certificate of Disso	lution	S55.00 Filing Certified C	Fee, Certificate opy (additional		
Mailing Address:			Street Address	: :		

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

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

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

voluntary 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

Name of Limited Liability Company:__ Document number of Limited Liability Company is: Date of dissolution was: ____ Description of information that must be included in a written claim: scription & Cost Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ł.	The name of a limited liability company is VAN tage Cyber Security 6.
2.	The Articles of Organization were filed on $5/4/20/7$ and assigned document number 17000099831
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).
	lack of Sales
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Second Connection
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Jessica Bennett Printed Name

FILING FEE: \$25.00