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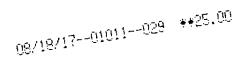
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

VSZ HOTELS LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MAITA LOPEZ
(Name of Person)
KPPB LAW
(Firm/Company)
990 HAMMOND DR, SUITE 800
(Address)
ATLANTA, GA 30328

(City/State and Zip Code)

For further information concerning this matter, please call:

MAITA LOPEZ

at (770) 624-4639

(Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:

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



August 23, 2017

MAITA LOPEZ KPPB LAW 990 HAMMOND DR, SUITE 800 ATLANTA, GA 30328

SUBJECT: VSZ HOTELS LLC Ref. Number: L17000106592

We have received your document for VSZ HOTELS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Name of LLC, document number, date of dissolution, mailing address where claims can be sent is missing on Notice of Dissolution form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00017361

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lia VSZ HOTELS LLC	oility company is
2. The Articles of Organizat	ion were filed on 5/15/2017 and assigned
document numberL17000	106592
(effect Note: If the date inserted i	the dissolution if not effective on the date of filing:
. A description of occurren 605.0707, Florida Statutes The consent of all the memb	ce that resulted in the limited liability company's dissolution pursuant to section , (copy 605,0707 on back cover letter). ers.
	,
If there are no members, activities and affairs:	inter the name and address of the person appointed to wind up the company's MUNI ZALAWADIA
	460 LANE AVE SOUTH
	JACKSONVILLE, FL 32254
sted above to wind up the c	I person or if there are no members, the signature of the person appointed and ompany's activities and affairs:
Lalawadia	MUNI ZALAWADIA
Signature	Printed Name
	Printed Name FILING FEE: \$25.00

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: VSZ Hotels LLC	
Document number of Limited Liability Company is: L1700010 6592	
Date of dissolution was: 6/23/2017	
Description of information that must be included in a written claim:	
Claim amount basis and original date.	
· · · · · · · · · · · · · · · · · · ·	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
460 Lane Ave South	
Jacksonne FL 32254	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the	برتحة
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.	in the
Muni Zalawadia Calamedia	
Muni Calawadia Calawadia Signature of the Person Filing Signature of the Person Filing	