

L17000106592

(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



100302704161

08/18/17--01011--029 **25.00

FILE
28 SEP 13 PM 1:29
J. HARRIS

SEP 14 2017
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

(Name of Person)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 SEP 13 PM 4:09

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

FILED
2017 SEP 13 PM 1:28

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

1. The name of a limited liability company is
VSZ HOTELS LLC

2. The Articles of Organization were filed on 5/15/2017 and assigned
document number L17000106592

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).
The consent of all the 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: MUNI ZALAWADIA

460 LANE AVE SOUTH

JACKSONVILLE, FL 32254

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:

Muni Zalawadia

Signature

MUNI ZALAWADIA

Printed Name

FILING FEE: \$25.00

FILED
SEP 13 PM 1:28
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

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: L17000106592

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

Jacksonville FL 32254

A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.

Muni Zalawadia

Printed Name of the Person Filing

Muni Zalawadia

Signature of the Person Filing

FILED
2017 SEP 23 PM 1:20
TALLAHASSEE, FL
DIVISION OF CORPORATIONS