L17000135627

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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19 FEB 13 PM 2: 00

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FEB 2 0 2019

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		•	
SUBJECT: VNP MERCHANDISES			
	of Limited Liab	ility Company	
Dear Sir or Madam:			
The enclosed Statement of Termination and	fec(s) are submi	tted for filing.	
Please return all correspondence concerning	this matter to th	e following:	
QUOCCHAU PHAM			
Name of Person			
VNP MERCHANDISES LLC			
Firm/Company			
733 WILDFLOWER RD			
Address			
DAVENPORT, FL. 33837			
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
TYPHAM75@GMAIL.COM			
E-mail address: (to be used for future annu-	al report notifica	ation)	
For further information concerning this matt	er, please call:		
QUOCCHAU PHAM	863	594-7627	
Name of Person		Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	Registra	MAILING ADDRESS: Registration Section	
Division of Corporations	Division	Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

TO EER 13 PM 2: 00

CR2E141 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Sta	•	
FIRST: The name of the limited liability of	ompany is: VNP MERCHANDISES	
SECOND: The Florida Document number	of the limited liability company is:	00135627
THIRD: The date of filing of the initial arti	icles of organization is: 1/17/2018	
FOURTH: The date of filing of the dissolu	ation is: 2/10/2019	·
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and	affairs and has determined
	QUOCCHAU PHAM	THE TARY ENVISION IN FEB. 13 P.
Signature of Authorized Representative	Typed or printed name of signature	ED OF STATE DRPORATIONS PM 2: 00

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)