117000174245

	(Requ	uestor's Name)	
	(Addr	ess)	_
	(Addr	ress)	
	(City/	State/Zip/Phon	e #)
PICK-L	JΡ	☐ WAIT	MAIL
	(Busi	ness Entity Na	me)
	(Doci	ument Number)
Certified Copies		Certificate	s of Status

Special Instructions to Filing Officer:
Spoke to Ioannis Kantartzis
who gave permission to add
Charlotte Nesmith as person to
receive claims on the Notice of.
LLC Dissolution form.

Office Use Only



000307586500

01/11/18--01007--030 **25.00

B FIGUEROA JAN 16 2018

COVER LETTER

	ation Section on of Corporations
SUBJECT:	YPK TALLY LLC
	(Name of Limited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	IOANNIS P. KANTARTZIS
	(Name of Person)
	(Firm Company)
	P.O. Box 15551 (Address)
	TALLAHASSEE, FL 32317
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
10AN	VIS P KANTARTZIS 1,229,200-9622
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:
\$25.00	Filing Fee and Certificate of Dissolution

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab	VPI	K TALL,	Y LLC		
2. The Articles of Organization	on were filed on	8/15/201	7 and assigned		
document number	700017424	45			
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	this block does not meet the	re than 90 days later th	· · · · · · · · · · · · · · · · · · ·	31/2 ed for filing) s date will not	
4. A description of occurrence 605.0707, Florida Statutes.	e that resulted in the limit (copy 605.0707 on back of	ed liability compar cover letter).	ny`s dissolution pursu	ant to sectio	n
	NEEDED A	NYMORE			
					
5. If there are no members, ent activities and affairs:	ter the name and address of	of the person appo	inted to wind up the co	ompany's	
				18 JA	SECR
·				z	¥ oF co
6.				AM II:	RPURAL
. Signature of an authorized pointed above to wind up the com	erson or if there are no mapany's activities and affa	embers, the signatuirs:	are of the person appo	inted and	LION:
Signature	2	10 ANN 1S	KANTAR 72	<u>′15</u>	

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: YPK TALLY LLC	
Document number of Limited Liability Company is: L17000174245	
Document number of Limited Liability Company is:	
Date of dissolution was: $\frac{12/31/2017}{}$	
Description of information that must be included in a written claim:	
YPK TALLY LLC	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
P.O. BOX 15551	DV
TALLAHASSEE, FL 32317	NSIO NSIO
TALLAHASSEE, FL 32317	*** **********************************
	COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR RY COR COR COR RY COR COR COR COR COR COR COR COR COR COR
	STA
 ພ ພ	and
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.	ne
11 × 11 × 12 × 12 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 11 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 12 × 1	
Printed Name of the Person Filing Signature of the Person Filing	-