

L18000 024 842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

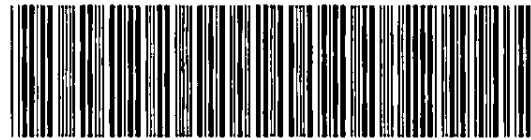
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SLICKER

SEP 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VRAR, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Z. Suzanne Arbide, Esq.

Name of Person

Glantzlaw

Firm/Company

7951 SW 6th Streete

Address

Plantation, FL 33324

City/State and Zip Code

litigation@glantzlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Z. Suzanne Arbide, Esq. at (954) 424-1200 Ext 230
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

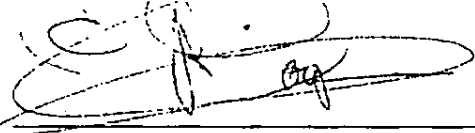
FIRST: The name of the limited liability company is: VRAR, LLC

SECOND: The Florida Document number of the limited liability company is: L18000024842

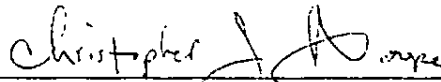
THIRD: The date of filing of the initial articles of organization is: 01/29/2018

FOURTH: The date of filing of the dissolution is: 06/14/2019

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative



Type or printed name of signature

Signature of Authorized Representative

Typed or printed name of signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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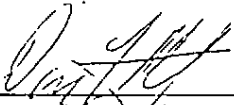
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Signature of Authorized Representative

Dana Pollitt

Type or printed name of signature

Signature of Authorized Representative

Typed or printed name of signature

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Certified Copy: \$30.00 (optional)