

# L18000 024 842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

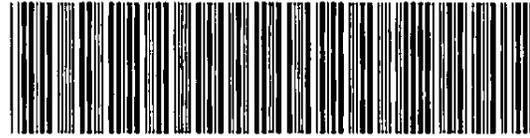
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SHUKER

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:

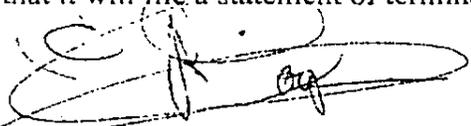
**FIRST:** The name of the limited liability company is: VRAR, LLC

**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

Christopher J. A. [unclear]  
Type or printed name of signature

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or printed name of signature

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SECRETARY OF STATE  
TALEAH ASSESSOR - FLORIDA

**FILED**

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

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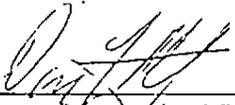
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\_\_\_\_\_  
Signature of Authorized Representative

Dana Pollitt  
\_\_\_\_\_  
Type or printed name of signature

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or printed name of signature

**FILED**  
2019 SEP 16 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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