

L18000025757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

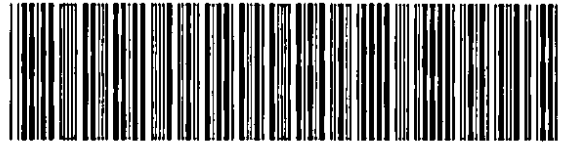
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/19/19--01016--004 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB 19 PM 3:35

FILED

FEB 24 2019

11:11 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VAST CLOSEOUTS  
(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:

RAHIM VEDAE  
(Name of Person)  
VAST CLOSEOUTS  
(Firm/Company)  
4132 SW 51 STREET  
(Address)  
Dania, FLA. 33314  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAHIM VEDAE at ( 954 ) 868-4763  
(Name of Person) (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

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

1. The name of a limited liability company is

VAST CLOSEOUTS LLC

2. The Articles of Organization were filed on 1/29/18 and assigned

document number L18000025757

3. The delayed effective date the dissolution if not effective on the date of filing: 2/14/19  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

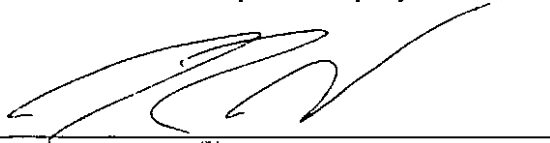
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Did not have enough time to dedicate  
to running company. Lack of business.  
Did not make any money.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: RAHIM VEDAE

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:

  
Signature

RAHIM VEDAE  
Printed Name

**FILING FEE: \$25.00**

2019 FEB 19 PM 05  
SECRETARY OF STATE  
TREASURY  
FLORIDA  
FILED