

L19 000012392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

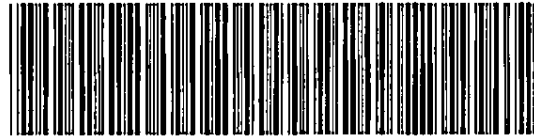
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900399358709

CHIEF CLERK

2023 JAN -3 AM 9:48  
FILED  
CLERK  
ALABAMA  
10000

FILED

A. RIVERS

MAR 13 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUSI VAZQUEZ PHOTOGRAPHY

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSI VAZQUEZ

(Name of Person)

SUSI VAZQUEZ PHOTOGRAPHY

(Firm/Company)

5150 SILO RD

(Address)

ST AUGUSTINE, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSI VAZQUEZ

904

377-0533

at ( )

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
SUSI VAZQUEZ PHOTOGRAPHY

2. The Articles of Organization were filed on 01/10/2019 and assigned  
document number L19000012392

3. The delayed effective date the dissolution if not effective on the date of filing: 09/15/2022  
(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.

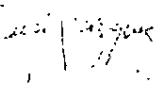
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
NO PROFITS

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

5150 SILO RD

ST AUGUSTINE, FL 32092

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

SUSI VAZQUEZ

Printed Name

**FILING FEE: \$25.00**

FILED  
JAN 13 PM 9:18  
CLERK OF THE COURT  
JAN 13 2019  
TALLAHASSEE, FLORIDA

## 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: SUSI VAZQUEZ PHOTOGRAPHY

Document number of Limited Liability Company is: L19000012392

Date of dissolution was: 09/15/2022

Description of information that must be included in a written claim:

WORKING FULL TIME FOR A PRIVATE COMPANY DOES NOT GIVE ME THE TIME TO FOCUS ON  
PHOTOGRAPHY. PEOPLE WANT DIGITAL FILES INSTEAD OF PRINTS AND MY PRICES ARE  
TOO HIGH FOR MOST.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5150 SILO RD

ST AUGUSTINE, FL 32092

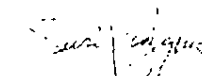
2023 JAN -3 AM 9:48  
RECEIVED  
DIVISION OF CORPORATIONS

FILED

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.

SUSI VAZQUEZ

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**