

L19000035307

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
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Fax Number : (800) 432-3622

FILED
19 MAR -5 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL
VCP BRADENTON SEARS, LLC**

***PLEASE FILE FIRST,
PRIOR TO QUAL. FOR VCP
BRADENTON SEARS, LLC***

Certificate of Status	0
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***PLEASE FILE FIRST,
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BRADENTON
SEARS, LLC***

***PLEASE PROVIDE ORIGINAL
SUBMISSION DATE OF 3/5/19.
THANK YOU!***

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Help



March 6, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCP BRADENTON SEARS, LLC
2110 POWERS FERRY ROAD
SUITE 150
ATLANTA, GA 30339

SUBJECT: VCP BRADENTON SEARS, LLC
REF: L19000035307

***PLEASE PROVIDE ORIGINAL
SUBMISSION DATE OF 3/5/19.
THANK YOU!***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only one document per fax audit sheet. You will need a separate fax audit sheet for the Termination form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000074047
Letter Number: 019A00004584

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

FILED
19 MAR -5 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

VCP Bradenton Sears, LLC

2. The Articles of Organization were filed on 2/4/19 and assigned

document number L19000035307

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Inadvertently formed in Florida and should have been formed in Delaware

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

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:

THz
Signature

Trace McCreary
Printed Name

FILING FEE: \$25.00