L19000078428

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document i	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	iicer:
<u>,</u>	
Office	Use Only



800361083738

03/09/21--01008--011 **25.00

(21) -9 EHH: 59

R. VHITE MAY 1.7 2021

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	VISTA FIBER, LLC ECT:				
	(Name of Limit	ed Liability Comp	any)		
	return all correspondence concerning this matter to	_			
	JONATHAN JERNIGAN				
	(Nan	ne of Person)			
(Firm/Company)					
	981 HIGHWAY 98 E. SUITE 3179				
	(Address)			
	DESTIN, FL 32541				
	(City/Sta	te and Zip Code)			
For fur	ther information concerning this matter, please call:				
	JONATHAN JERNIGAN	850 at (420-0646)		
	(Name of Person)	(Area (Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:				
į	S25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee			
		Tallahassee	•		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

821) -9 70H:55

The name of a limited liability compa VISTA FIBER, LLC	iny is	
2. The Articles of Organization were file	ed on MARCH 20, 2019	and assigned
document number L19000078428		_
3. The delayed effective date the dissolution (effective date cannot Note: If the date inserted in this block disted as the document's effective date or	t be prior to or more than 90 days later than loes not meet the applicable statutory fi	date document is received for filing)
4. A description of occurrence that resul 605.0707, Florida Statutes, (copy 605.	ted in the limited liability company 0707 on back cover letter).	's dissolution pursuant to section
END OF BUSINESS AND WINDING D	OWN.	
END OF BUSINESS AND WINDING DO	OWN.	
END OF BUSINESS AND WINDING DO	OWN.	***************************************
5. If there are no members, enter the nan activities and affairs:	ne and address of the person appoin	ited to wind up the company's
	10.3	
		·
 Signature of an authorized person or in above to wind up the company's activitie 	f there are no members, the signatures and affairs:	re of the person appointed and listed
0.4/		
	DION J. MONIZ	
Signature	Pri	nted Name
	FILING FEE: \$25.00	

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: VISTA FIBER, LLC
Document number of Limited Liability Company is: L19000078428
Date of dissolution was: 02/16/2021
Description of information that must be included in a written claim:
VISTA FIBER, LLC, AND NATURE OF THE CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JONATHAN JERNIGAN
981 HIGHWAY 98 E, SUITE 3179
DESTIN, FL 32541
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.
DION J. MONIZ
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