## 4900 157 739

(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:				





200405350962

03/27/23--01010--019 \*\*25.00

5/22/23 V.UJ

2023 MAR 27 AM 9: 16

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: N6003U11C. (Name of Limited	1 Liability Company)
The en	closed Articles of Dissolution and fee(s) are submitte	d for filing.
Please	return all correspondence concerning this matter to the	ne following:
	TRACY J. JO. (Name	UNSON of Person)
	N 600311 LLC (Firm)	Company)
	4353 S PACIFIC CIR	LE ddress)
		10A 33903 and Zip Code)
For fur	ther information concerning this matter, please call:	
	TRACY J. JOHNSON (Name of Person)	at ( <u>636</u> ) <u>346 - 798</u> (Area Code & Daytime Telephone Number)
	d 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 liabilit	y company is			
	V600311 LLC			
2. The Articles of Organization	were filed on $\frac{\omega/14}{}$	<i>  2019</i> a	and assigned	
document number <u>L1900</u>	20157739			
3. The delayed effective date the (effective date inserted in the listed as the document's effective date in the listed as the document's effective date the date inserted in the listed as the document's effective date the date inserted in the listed as the document's effective date the date the date inserted in the listed as the document's effective date the date inserted in the listed as the date inserted in the date i	is block does not meet the ap	opticable statutory filing req	12/33/2032 ument is received for filing) uirements, this date will no	t be
4. A description of occurrence t 605.0707, Florida Statutes, (co	hat resulted in the limited opy 605.0707 on back cov	liability company's dissover letter).	olution pursuant to sectio	n
	iness is no l			<del></del>
economicali	y wiable.		IAR 27	
,			Y OF	
			9: 16 STAT E. FL	<i>ن</i>
5. If there are no members, ente activities and affairs:		the person appointed to v		
activities and arrains.	,			
	<u> 4353 S. PACI</u>	IFIC CIPLE		
	N. FT MYE.	RS FL 3390	<u>13</u>	
6. Signature of an authorized pe above to wind up the company's	rson or if there are no med activities and affairs:	mbers, the signature of th	e person appointed and l	istec
Trucy O Ochnson	<u>n</u>	TRACY J.	TCHN50N ame	

FILING FEE: \$25.00