## 19000250503

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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## COVER LETTER\*

TO: Registration Section
Division of Corporations

SUBJECT:	ATLANTIC VIP TRANSPORT LLC			
, obstact,	(Name of Limit	ed Liability Compa	ny)	
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.		
Please return	all correspondence concerning this matter to	the following:		
	VICTOR A. BOUT			
	(Nar	ne of Person)		
	(Fir	m/Company)		
	215 CIRCLE DR	company,		
		(Address)	<del> </del>	
	CAPE CANAVERAL, 32935			
	(City/Sta	ate and Zip Code)		
or further ir	nformation concerning this matter, please call	:		
VIC	CTOR A. BOUT	321 at (	848-1166	
	(Name of Person)	(Area C	ode & Daytime Telephone Number)	
inclosed is a c	check for the following amount:			
<b>■ \$</b> 25	■ \$25.00 Filing Fee and Certificate of Dissolution		☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	iling Address:	Street Addres		
	gistration Section	Registration Section		
	vision of Corporations		Corporations	
P.O. Box 6327 Tallahassee, FL 32314			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 comp ATLANTIC VIP TRANSPORT LLC	any is
2. The Articles of Organization were fi	led on 10/04/2019 and assigned
document number L19000250503	
(effective date cannot	ution if not effective on the date of filing: FEB 11, 2021 of the prior to or more than 90 days later than date document is received for filing) does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
4. A description of occurrence that resu 605.0707. Florida Statutes. (copy 605	alted in the limited liability company's dissolution pursuant to section 5.0707 on back cover letter).
	OF REVENUE DUE TO THE COVID 19 PANDEMIC
DISCONTINUED SERVICES, LACK	OF REVENUE DUE TO THE COVID 19 PANDEMIC
DISCONTINUED SERVICES, LACK (	OF REVENUE DUE TO THE COVID 19 PANDEMIC
	<u></u>
5. If there are no members, enter the na activities and affairs:	me and address of the person appointed to wind up the company's
	FLE SOB
6. Signature of an authorized person or above to wind up the company's activiti	if there are no members, the signature of the person appointed and listed es and affairs:
Signature	VICTOR A. BOUT  Printed Name
	i illieu Nanie

FILING FEE: \$25.00