## L20 0000 87048

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
,	•	•	
(Do	ocument Number)		
(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Codified Conies	Cortificator	of Statue	
Certified Copies	_ Certificates	5 Of States	
Special Instructions to	Filing Officer:		
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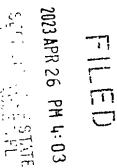
Office Use Only



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## **COVER LETTER**

4 2

TO:		ration Section on of Corporations			
Vaughn Family Fields SUBJECT:					
(Name of Limited Liability Company)					
The en	iclosed A	rticles of Dissolution and fee(s) are submit	ated for filing.		
Please	return al	l correspondence concerning this matter to	the following:		
		Danny Vaughn II			
	(Name of Person)				
	(Firm/Company) 144 Monaco Rd				
			Address)		
		Melbourne, FL 32904			
		(City/Sta	ate and Zip Code)		
For fur	ther info	rmation concerning this matter, please call	:		
	Danny	Vaughn II	8633 344-9055 at ( )		
		(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	d is a che	ck for the following amount:			
ĺ	\$25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
		g Address:	Street Address:		
Registration Section Division of Corporations P.O. Box 6327			Registration Section		
			Division of Corporations The Centre of Tallahassee		
		nassee, FL 32314	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  Vaughn Family Fields				
2.	The Articles of Organization were filed on March 23, 2020 and assigned				
	document number L20000087048				
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 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).				
	Business is not turning a profit as originally anticipated.				
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:				
	Danny Vaughn II				
	Signature Printed Name				
	FILING FEE: \$25.00 $\frac{1}{100}$				