# U20000171728

(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:					





800402085088

02/27/23--01050--030 \*\*25.00

2023 FEB 27 AM IO: 11



# **COVER LETTER**

	of Corporations					
	BS Investments LLC					
SUBJECT:	(Name of Limite	d Liability Company)				
The enclosed Arti	icles of Dissolution and fee(s) are submitt	ed for filing.				
Please return all c	correspondence concerning this matter to t	he following:				
1	Elena Sweeney					
-	(Name of Person)					
VEBS Investments LLC						
(Firm/Company)						
3106 SW 22nd Ave						
(Address)						
(	Cape Coral FL 33914					
-	(City/Stat	e and Zip Code)				
For further inform	nation concerning this matter, please call:	e and Zip Code)  TEB  239  770-5079  SCO  Area Code & Daytime Telephone Number) & O				
Elena Sv	veeney	239 770-5079 GGG R				
<del>-</del>	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check	for the following amount:	( <del>-</del>				
■ \$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

١.	The name of a limited liabili VEBS Investments LLC	ty company is		·	
2.	The Articles of Organization	were filed on June 19th, 2020		and assigned	
	document number 1.2000017				
3.	Note: If the date inserted in the	ne dissolution if not effective on date cannot be prior to or more than 90 his block does not meet the applica ive date on the Department of Stat	ble statutory filing rea	cument is received for inner	
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited liabi	lity company's diss tter).	olution pursuant to Section	
	out of business		•	FEB	
				27 MIO: 11 ATTACKSEE, FL	
5.	If there are no members, enter activities and affairs:	er the name and address of the p	person appointed to	wind up the company's	
6. ab	Signature of an authorized poove to wind up the company	erson or if there are no member s activities and affairs:	s, the signature of the	he person appointed and listed	
	blewaßer	Elena	Sweeney		
Signature			Printed 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:	LC
Document number of Limited Liability Company is: L200	00171728
Date of dissolution was:	
Description of information that must be included in a wri	tten claim:
N/A	
	3FEB
	27 AH
	ALLIAHI SSEE, FI
Mailing address where claims can be sent: (Claims cannot	
3106 SW 22nd Ave Cape Coral FL 33914	
A claim against the above named limited liability comparclaim is commenced within 4 years after the filing of this	
	00 m.C
Elena Sweeney	_ Ellens Ju
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