

120 000 349427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

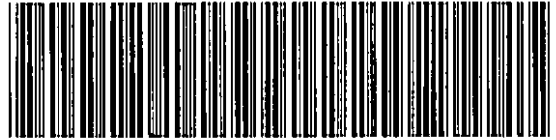
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/30/21--01010--014 \*\*30.00

2021 APR 30 PM 12:07  
CLERK OF SUPERIOR COURT  
DIVISION OF COURT REPORTING

JUN 17 2021  
R. HUNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VERA E MACIAS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDANNIS VERA  
(Name of Person)

VERA E MACIAS LLC  
(Firm/Company)

4721 Temple Heights Rd  
(Address)

Tampa FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

IDANNIS VERA at ( 813 ) 766-1097  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed 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 liability company is \_\_\_\_\_

VERA & MACIAS LLC

2. The Articles of Organization were filed on Nov. 03, 2020 and assigned

document number L20000349427

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 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

File IN Error AND Doing BUSINESS

AS A FICTITIOUS NAME

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

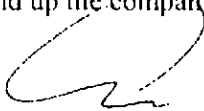
IDANNIS VERA

4721 Temple Heights Rd

Tampa FL 33617

813-766-1097

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Idannis Vera

Printed Name

**FILING FEE: \$25.00**

2021 APR 30 PM 12:07

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS