

K20 000 364 133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

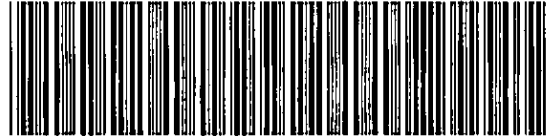
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

APR 30 2021

05/03/21--01004--005 ++25.00

2021 APR 30 PM 12:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 18 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VLAC Holdings
(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:

Victor Holder
(Name of Person)

VLAC Holdings
(Firm/Company)

4942 SW 90th Ter
(Address)

Cooper City, FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Holder at 954, 240-2175
(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

VLAC Holdings

2. The Articles of Organization were filed on 11/20/2020 and assigned

document number L20000368133

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Pursuant to the consent of all members,
according to section 605.0701(2), Florida
Statutes.

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

Victor Holder
4942 S.W. 90th Ter.
Cooper City, FL 33328

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

Victor Holder

Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 APR 30 PM 12:07

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: VLAC Holdings

Document number of Limited Liability Company is: L20000368133

Date of dissolution was: date of filing of articles of dissolution

Description of information that must be included in a written claim:

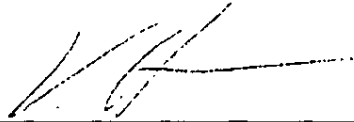
Information required by Florida statutes.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4942 SW 90th Ter.
Cooper City, FL 33328

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Victor Holder
Printed Name of the Person Filing


Signature of the Person Filing