121000490088

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone #	6)			
PICK-UP	☐ WAIT	MAIL			
<u></u>					
(Bu	siness Entity Name)			
(Do	cument Number)				
Certified Copies	_ Certificates of	f Status			
Special Instructions to Filing Officer:					
	J. HORNE				
	AUG - 3 2022				
		41			
	·- <u>-</u>	1192			

Office Use Only

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04/20/22--01014--007 **35.00

FILED

2022 JUL 25 AM 8: 18
SECRE LARY OF STATE

FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 JUL 25 PH I2: 57

June 13, 2022

ILIR ZHABIA 1845 S. HIGHLANT AVENUE APT 11-8 CLEARWATER, FL 33756 US

SUBJECT: VINI & CO. LLC Ref. Number: L21000490088

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 422A00013213

Division of Company in a D.O. DOV COOK Well 1

COVER LETTER

TO:	Registration Section
	Division of Cornoration

SUBJECT: Vini & Co. 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:

Ilir Xhabija (Namad Person)				
MA				
1845 S. High Contact April 8				
Clearwater FL 33756				
(City/State and Zip Code)				

For further information concerning this matter, please call:

TIP Xhabiya at (727)666 2890 (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

P.O. Box 6327 Tallahassee FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED
2022 JUL 25 7H 8: 18

1. The name of a limited lia	bility company is		TALLAHASSEE, TLUS
2. The Articles of Organiza document number $L2$			and assigned
avote. If the date inserted	e the dissolution if not effive date cannot be prior to or not this block does not meet the fective date on the Departm	be applicable statutory f	iling 4.17.1222 date document is received for filing) iling requirements, this date will not be
4. A description of occurren 605.0707. Florida Statutes	nce that resulted in the limbs, (copy 605.0707 on back	ited liability company cover letter).	's dissolution pursuant to section
5. If there are no members, of activities and affairs:	1845 S	So High	ted to wind up the company's
 Signature of an authorized above to wind up the compart 	person or if there are no y's activities and affairs:		re of the person appointed and listed
Hir alish	2	I liv	×habija

FILING FEE: \$25.00