

h22000002975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

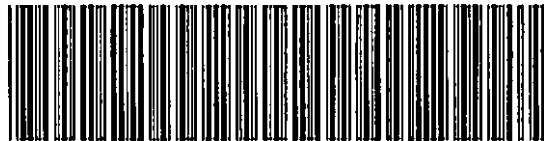
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/10/22--01007--001 **25.00

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U.S. DEPT. OF JUSTICE
FBI - NEW YORK

2022 JUL 11 PM 1:16

JUL 12 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOZ 190 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:

Luis Cintron
(Name of Person)

VOZ 190 LLC
(Firm/Company)

1930 Pioneer Crest Dr
(Address)

Kindred, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Same as above at 954, 990-9009
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

VOZIGO LLC

2. The Articles of Organization were filed on 5/2/22 and assigned

document number L220000002975

3. The delayed effective date the dissolution is not effective on the date of filing: 5/3/22
(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).

Voluntarily Voluntary Dissolution

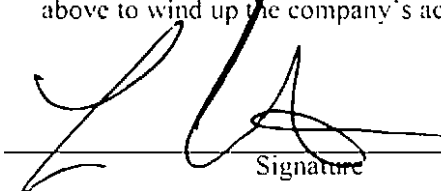
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Luis Contron
1930 Pioneer Crest Dr.
Kindred, FL 34744

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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

Luis Contron
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

LUIS CINTRON
VOZIGO LLC
1930 PIONEER CREST DR
KINDRED, FL 34744

SUBJECT: VOZIGO, LLC
Ref. Number: L22000002975

We have received your document for VOZIGO, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Form was not included. Please complete the enclosed and resubmit to our office with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 622A00014819

RECEIVED
JUL 11 2022