L22000123511

(Requestor's Name)	
(Address)	2004221
(Address)	2001221
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/23/2401012
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J DELATS	
FEB 1 1004	

Office Use Only



76102

?--017 ***•**25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Vintage Keeriosithes LLC	
(Name of Limited Liability Company)		
The enclosed Articles of Dissolution ar	nd fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
	Valune Patterson	
(Name of Person)		
Vintage Kuniosities		
(Firm/Company)		
517 219 St		
	(Address)	
	Cedar Kuy FC 32le25 (City/State and Zip Code)	
For further information concerning this	s matter, please call:	
Volerie Pat (Name of Per	HCrSon at (707), 732 039 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
\$25.00 Filing Fee and Certificate	e of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
P.O. Box 6327	The Centre of Tallahassee	
Registration Section Division of Corporations	Registration Section Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Vintage Kunissites LLC.
2.	The Articles of Organization were filed on 3/11/2027 and assigned
	document number L 22000 23511
3.	The delayed effective date the dissolution if not effective on the date of filing: 12312023 (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).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	Valene Patterson
	PO BUX 639
	Cedar Kuy FL 32625
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
ノ —	Useric Patterson

FILING FEE: \$25.00