# L220003565670

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phone	<del>:</del> #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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000436738130

66/20/24--01012--006 \*\*25.00



# **COVER LETTER**

Division of Corporations					
SUBJECT: Quattro VFL Titi 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:					
Robin Most					
(Name of Person)					
Quattro Development LLC					
Quattro Development LLC (Firm/Company)					
Oak Brook, IL 60523					
(Address)					
Oak Brouk, IL 60523 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
11 1C' 12 12 27 27 28					
Robin Muft, at (30) \$18-80 of F					
(Name of Person) (Area Code & Daytime Telephone Number)					
22 22 m					
Enclosed is a check for the following amount:					
Robin Muff   at ( 30 ) \$75-80005   20   20   20   20   20   20   20					
Certified Copy (additional copy is enclosed)					

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabili		UC		
2. The Articles of Organization document number	J	ŕ	22_ and assigned	i
3. The delayed effective date th	e dissolution if not effect late cannot be prior to or more is block does not meet the	tive on the date of than 90 days later than applicable statutory	n date document is recei-	
4. A description of occurrence 605.0707, Florida Statutes. (c	that resulted in the limite opy 605.0707 on back of the limite of the limite opy 605.0707 on back of the limite of the limite opy 605.0707 on back of the limite of the li			Jant to section
5. If there are no members, enter activities and affairs:	r the name and address	of the person appoi	nted to wind up the	company's 2
6. Signature of an authorized perabove to wind up the company.  MM U	erson or if there are no mactivities and affairs:	Michael		pointed and listed
Signature		P	rinted Name	

FILING FEE: \$25.00