# L22000445907

(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:
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Office Use Only



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AUG 1 4 2024 D CUSHING

### **COVER LETTER**

Division of Corporations				
SUBJECT: VIR GO MONT (Name of Limit	Doled Hows  Ted Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return all correspondence concerning this matter to	the following:			
- ERICCO (Nar	Ronest'			
Virgo Moon Operations (Firm/Company)				
1741 SW 119 TOCK				
Day in Lu 33325 En 15 (City/State and Zip Code)				
For further information concerning this matter, please call (Name of Person)	at (340) 397 304 m (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:  [72525.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution &			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



July 11, 2024

ERICCA PRONESTI VIRGO MOON OPERATONS 1741 SW 119 TERR DAVIE, FL 33325

SUBJECT: VIRGO MOON OPERATIONS LLC

Ref. Number: L22000445907

We have received your document for VIRGO MOON OPERATIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. 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.

Letter Number: 324A00015037

Diane Cushing Operations Manager A

DEC. INTE

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is
	The Articles of Organization were filed on and assigned
2.	The Articles of Organization were filed on and assigned
	document number <u>1220004459</u> 07
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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).
	I accumulated NO business
	——————————————————————————————————————
	من س الله الله الله الله الله الله الله ال
5.	If there are no members, enter the name and address of the person appointed to wind up the company
	activities and affairs: ERICCA PONEST
	activities and arians.
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed over to wind up the company's activities and affairs:
(	Successo Exercis Proposti
	Signature Printed Name
	/ FILING UPP, \$25,00

### 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: VIRCO MOON CORATIONS
Document number of Limited Liability Company is: 122 000 445907
Date of dissolution was: Date 1 2024
Description of information that must be included in a written claim:
I DID INOT WHITE UND DUSINOSS DUR
L DID NOT WHITE AND BUSINESS DUR to NO INCOMO. NO NEED FOR BUSINESS
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1741 SW 119 Jorr.
DAVIC, FL 33325
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.
En and Constitution
Printed Name of the Person Filing  Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00