La300004a101

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
☐ PICK-UF	P WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions	to Filing Officer:		
J. HORNE			
	JAN 3 0 2024		
l			

Office Use Only



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01/03/24--01038--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
Vari Law, LLC SUBJECT:				
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are su				
Please return all correspondence concerning this matter	er to the following:			
Lisa Marie Vari				
	(Name of Person)			
	(Firm/Company)			
837 Hubbard Loop				
The William Ph 121/2	(Address)			
The Villages, Fl 32163	ty/State and Zip Code)			
	in the trip (wat)			
For further information concerning this matter, please	eall:			
Lisa Vari	412 606-7398			
(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:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



١.	The name of a limited liabi	lity company is	<u>्र</u> ि.	
2.	The Articles of Organization	on were filed on 1/23/23	and assigned	
	document number 1.230000	42701		
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/23 (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.			ot be
4.	A description of occurrence 605.0707, Florida Statutes, Owner retirement.	e that resulted in the limited liabi (copy 605.0707 on back cover le	lity company's dissolution pursuant to section tter).	n
5.	If there are no members, er activities and affairs:	ter the name and address of the p	person appointed to wind up the company's	
		837 Hubbard Loop		
		The Villages, FL 32163		
6. ab	Signature of an authorized pove to wind up the company	person or if there are no members's activities and affairs:	s, the signature of the person appointed and li	istec
(Slail	LisaV	ari	
	Signature		Printed Name	
		FILING FEE: \$2	5.00	

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: Vari Law, LLC
Document number of Limited Liability Company is: L23000042701
Date of dissolution was: 12/31/23
Description of information that must be included in a written claim:
Entity or individual name; address; contact telephone number; email address; date of alleged obligation;
description of alleged obligation; amount claimed as due and owing
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Lisa Vari
837 Hubbard Loop
The Villages, FL 32163
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.
Lisa Marie Vari
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