## LZ3000081877

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
AUG 1 4 2023
HUU I 4 LOLO

Office Use Only



700411270887

06/30/23--01016--024 \*\*25.00

## **COVER LETTER**

Division of Corporations			
VK Studios LLC SUBJECT:			
(Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter t	to the following:		
Victoria Koperski			
(N	ame of Person)		
VK Studios CCC			
(f <sup>c</sup>	irm/Company)		
918 Sullivan St			
	(Address)		
Deltona, Fl 32725			
(City.S	State and Zip Code)		
For further information concerning this matter, please ca	ill:		
Victoria Koperski	at ( 386 ) 837 - 4270		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
<b>\$25.00</b> 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

1.	The name of a limited liability company is  VK Studios LLC			
2.	The Articles of Organization were filed on February 14, 2023 and assigned			
	document number L23000081877			
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).			
	No funds to carry on business, dissolution confirmed by the single member Victoria Koperski			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Victoria Koreski			
	activities and affairs: Victoria Roperski			
	# 918 Sullivan St			
	Deltona FL 32725			
6	. Signature of an authorized person or if there are no members, the signature of the person appointed and lister bove to wind up the company's activities and affairs:			
	Victoria Koperski			
	Signature Printed Name			

FILING FEE: \$25.00