

L23 0000 88755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

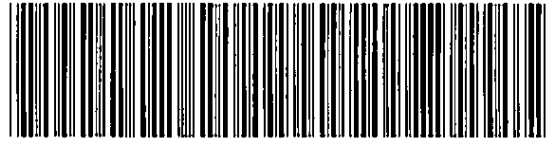
(Document Number)

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JUN 24 2024

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2024 JUN -3 PM 2:56

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Venture Investment Co., 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:

Emma Howard, Trustee

\_\_\_\_\_  
(Name of Person)

Michael B. Cassady Living Trust

\_\_\_\_\_  
(Firm/Company)

6606 Nightingale Bluff Lane

\_\_\_\_\_  
(Address)

Louisville Ky 40241

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emma Howard, Trustee

\_\_\_\_\_  
(Name of Person)

502- 608-6592

at ( )

\_\_\_\_\_  
(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:**

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

**Street Address:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

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2024 JUN -3 PM 2:55

1. The name of a limited liability company is

Venture Investment Co., LLC

2. The Articles of Organization were filed on February 9, 2023 and assigned

document number L23000088755

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).

Death of Member, cessation of business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Emma Howard, Trustee

Michael B. Cassady Living Trust

6606 Nightingale Bluff Lane

Louisville Ky 40241

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Emma Howard, Trustee  
Signature

Emma Howard  
Printed Name

**FILING FEE: \$25.00**