

L23000088155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

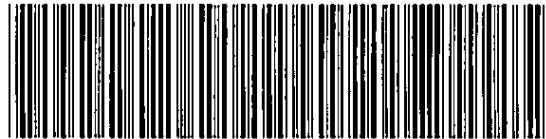
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 24 2024

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2024 JUN 24
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COVER LETTER

TO: Registration Section
Division of Corporations

Venture Investment Co., LLC
SUBJECT: _____
(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) at (502-608-6592)

(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

2024 JUN 25 PM 2:55

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

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