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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: VIC-FORIA S HELPING HAND-LCC (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:					
Amthia V. Bullows (Name of Person)					
,					
Victoriais Helping hand.					
(1.11112.00	ompany) -				
1112 BEECH GROVE PLACE (Address)					
· · · · · · · · · · · · · · · · · · ·					
RUSKIN FL 33790 33570					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Anthia U Ripenus at (954) 348-4391 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Ferson)	(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 P.O. Box 6327 Tallahassee, FL 32314

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

FILED

1. The name of a limited lia	bility company is	11.	2024 MAR 26	AM 10: 51
VICTURIAS	HeLMAG	MAND	4	0F \$7.17
2. The Articles of Organizate document number	tion were filed on <u>J.</u> 2 <i>3 000331190</i>	•	$\frac{23}{23}$ and ass	₹ G o(zin)∧ igned
3. The delayed effective dat (effect Note: If the date inserted		ective on the date of ore than 90 days later that he applicable statutory	filing: 3 - n date document is filing requiremen	received for filing) nts, this date will not be
4. A description of occurrer 605.0707. Florida Statutes	nce that resulted in the limi s. (copy 605.0707 on back	ted liability company cover letter).	y's dissolution	pursuant to section
Horier	became	Opera	tional	lola.
5. If there are no members, activities and affairs:	enter the name and address	s of the person appoin	inted to wind up	o the company's
	Ruskin	2 / B.00 2 Ch Gro 2 7 C 3	3570	<u></u>
6. Signature of an authorize above to wind up the compa	d person or if there are no ny's activities and affairs:	members, the signat	ure of the perso	on appointed and liste
Int Lia V Bo Signature	arteus	<u>AM+HiA</u>	V. BUR rinted Name	ROWS

FILING FEE: \$25.00