L 23 000506918

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	<u>-</u>
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
_		

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpor			
SUBJECT: VM	PRO CAR (Name of Limite	STORAGE LLC ed Liability Company)	
	ssolution and fee(s) are submitt ence concerning this matter to t		
MAI	RIANDE FOR	to of Person)	
VM	PRO CAR 5	TORAGE LLC (*Company)	
	24 Robinwy	Address)	
Lea	City/Stat	e and Zip Coder	
For further information conc	erning this matter, please call:		
MARIAN	We FORD Same of Person)	at $(\frac{781}{\text{Area Code & Daytime Tele}})$	Q Π 50 ephone Number)
Enclosed is a check for the follo	owing amount:		
\$ \$25 00 Filing Fee and	Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Certified Copy tadditional cop	
Mailing Address: Registration Sec	tian	Street Address:	
Division of Corp		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

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 VM PRO CAR STORAGE LLC
2. The Articles of Organization were filed on NOVEMBER 8, 2023nd assigned
document number <u>L 33 000 50 6 9 18</u>
3. The delayed effective date the dissolution if not effective on the date of filing: O1 D1 2024 (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 b 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).
The buginess was never opened due to
health issues.
——————————————————————————————————————
5. If there are no members, enter the name and address of the person appointed to wind up the company sactivities and affairs: Wavicante Ford
24124 Robinwood St
heesburg FL 34748
6. Signature of an authorized person or if there are no members, the signature of the person appointed and liste above to wind up the company's activities and affairs:
Jarianne Ford Signature Marianne Ford Printed Name
FILING FEE: \$25.00