

L24000061439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

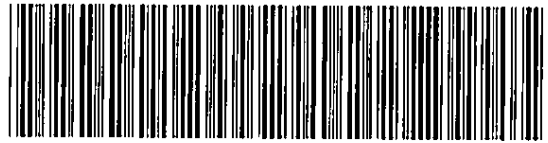
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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605.0209(5)

Office Use Only



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FILED  
2024 FEB 20 AM 9:09  
STANDARD  
FEB 20 2024

Bm 2/20/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vincent Accountants 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:

David Vincent Zoppina Jr.

(Name of Person)

Vincent Accountants LLC

(Firm/Company)

(Address)

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

2024 FEB 20 AM 9:09

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For further information concerning this matter, please call:

David Zoppina

850

612-1502

at ( )

(Name of Person)

(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**

SECRETARY OF  
STATE

2024 FEB 20 AM 9:09

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1. The name of a limited liability company is  
Vincent Accountants LLC

2. The Articles of Organization were filed on 2/02/2024 and assigned  
document number 4 L2000061439

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).

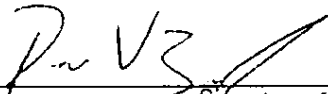
This company was opened fraudulently and is not an actual company in David's name. The address used to

open this account is inaccurate as stated in the statement of facts submitted 2/16/2024. This illicit activity

has been reported to the FTC & police reports are being filed.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Not Applicable - Not a legitimate LLC

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:

  
Signature

David V. Zoppina Jr.

Printed Name

**FILING FEE: \$25.00**