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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DENTONS, COHEN, GRIGSBY, P.C.

Account Number : I200300000042 Phone : (239)390-1912 Fax Number : (239)390-1901

DISSOLUTION OR WITHDRAWAL VIRGIN VACATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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17:2 Hd

1

Corporate Filing Menu

Help

COVER LETTER

	ndment Section sion of Corporations			
SUBJECT:	VIRGIN VACATIONS, INC.			
DOCUMEN	T NUMBER: P08000091049			
The enclosed	Articles of Dissolution and	fee are submitted for filing	3 .	
Please return	ail correspondence concernir	ng this matter to the follow	ring:	2023
Felix Mehler, E	sq.			2023 JUN 23 NH 10: 12
	(Name of	Contact Person)	į	(J)
Dentons Cohen	& Grigsby P.C.			H 10:
	(Fir	m/Company)	:	: 12
Mercato -Suite	6200, 9110 Strada Place			
	(A)	Address)		
Napies, FL 341	19			
	(City/St	ate and Zip Code)	·	
For further in	formation concerning this ma	atter, please call:		
Felix Mehler, E	sq.	at (²³⁹⁻³⁹⁰⁻¹⁹⁰⁰⁰		
(N	ame of Contact Person)		(Daytime Telephone Nu	mber)
Enclosed is a	check for the following amo	unt:		
≡ \$35 Filing	Fee S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	ı.
P.O. Box 6	nt Section f Corporations	Amen Divis The C 2415	t Address: adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	810

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

VIRGIN VACATIONS, INC. Name of Corporation:		
The above named corporation is the subject of dissolution and the effective date of a dissolution and dissolut	tion is:	
(date filed with the Dept. if date specified in the Articles of Dissolution)		
Description of information that must be included in a claim:		
Name, address and contact information of claimant; nature and details of the claim	 喜.	"± 2023 J
		- -
	75:	- 33 - 1
		10:
	: ٦	2
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Dentons Cohen & Grigsby, P.C. Attn: Felix Mehler, Esq.		
Mercato - Suite 6200, 9110 Strada Piace		.
Naples, FL 34119		
A claim against the above named corporation will be barred unless a proceeding to enforce twithin 4 years after the filing of this notice.	the claim is	commenced
Felix Mehler	1/1/2	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00