

**P13000071430**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000376133 3)))



H240003761333ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : COMPUTERSHARE  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

2024 NOV 12 AM 10:18  
FAXED  
FAXED

**DISSOLUTION OR WITHDRAWAL  
VILLAGES INFORMATION TECHNOLOGY, INC.**

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

RECEIVED  
2024 NOV 12 PM 4:04  
JENNIFER L. HARRIS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

AB

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Villages Information Technology, Inc.

SECOND: The document number of the corporation (if known): PI3000071430

THIRD: The date dissolution was authorized: 11/12/2024

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

**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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

NOV 13 11:10:13 AM '24  
TALLAHASSEE, FL



Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Saray Djidji

\_\_\_\_\_  
(Typed or printed name of person signing)

Attorney in Fact

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**