

L19000226725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

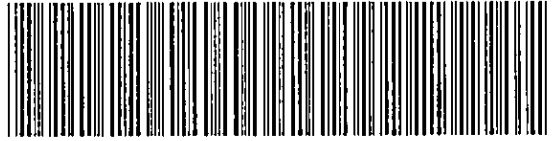
(Business Entity Name)

(Document Number)

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

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2020 JUN 24 AM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 23 2020



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: June 24, 2020

Name: David Shulman

Reference #: 1234633

Entity Name: YOU KNOW PRODUCTIONS LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL  
David:  
850-270-0082**

Authorized Amount: **\$25,000**

Signature:

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: YOU KNOW PRODUCTIONS LLC

Document number of Limited Liability Company is: L19000226725

Date of dissolution was: June 19, 2020

Description of information that must be included in a written claim:

Sufficient information reasonably to inform the Limited Liability Company of the identity of the claimant and the substance of the claim

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

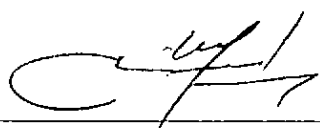
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TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9890 E. BAY HARBOR DRIVE, NUMBER 7  
INDIAN CREEK, FL 33154  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Miriam Gonzalez  
\_\_\_\_\_  
Printed Name of the Person Filing

  
\_\_\_\_\_  
Signature of the Person Filing