L07000116574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700172934197

03/26/10--01019--008 **30.00

FILED
2010 MAR 26 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAR 29 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shama Foto Productions 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:

Cheryl Alli
(Name of Person)

Shama Foto Productions
(Firm/Company)

1949 Corner Meadow Circle
(Address)

Orlando FL 32820
(City/State and Zip Code)

FILED
2010 MAR 26 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheryl Alli at (321) 438-9303
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☑ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Shama Foto Productions LLC

2. The Articles of Organization were filed on 11/16/2007 and assigned document number
L07000116574

3. The date the dissolution was approved: 3-15-10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
The company was never fully formed and it has been decided to resolve it rather than continue the process.

FILED
2010 MAR 26 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5. **CHECK ONE:**

☑ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

☑ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature	Printed Name
Cheryl M. Alli	CHERYL M. ALLI
Raffi Alli	RAFFI ALLI

FILING FEE: $25.00