

LO/000020609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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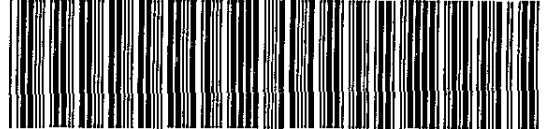
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AL

DEPT. OF STATE
TALLAHASSEE, FLORIDA

03 JAN -8 PM 12:52

FILED

December 31, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

I am including my return address and my phone.

Mr. Lubomir Kocka
1417 Hammocks View
SAVANNAH 31410
GEORGIA

Phone/fax: (912) 898-4616

Lubomir Kocka

FILED
03 JAN -8 PM 12:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
03 JAN -8 PM 12:52
STATE OF FLORIDA
TALLAHASSEE

1. The name of the limited liability company is _____
Multi Media Productions LLC
2. The effective date of the limited liability company's dissolution is 11-21-02

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Section 608.441(1)(c) ... upon the written consent of all of the
members of the Limited Liability Company.

4. **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.

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

6. **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

✓ Lubomir Kocka

Typed or Printed name

Lubomir Kocka