

LD4 000077948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

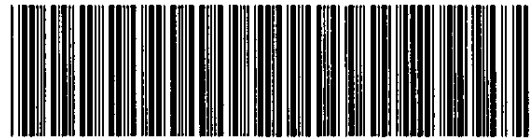
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256979684

03/21/14--01008--028 **100.00

MAR 24 2014
T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 21 PM 1:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radioactive I.D.A., LLC

DOCUMENT NUMBER: L04000077948

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin J. Klatsky, Esq.

(Name of Contact Person)

Owens Law Group, P.A.

(Firm/Company)

811-B Cypress Village Blvd

(Address)

Ruskin, FL 33573

(City/State and Zip Code)

For further information concerning this matter, please call:

Alissa M. Martinez

813

633-3396

(Name of Contact Person)

at (_____) _____
(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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
Radioactive I.D.A., LLC

2. The Articles of Organization were filed on 10/27/2004 and assigned
document number L04000077948

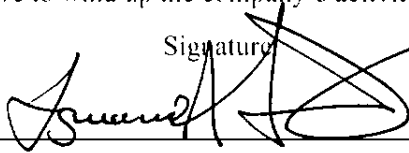
3. The delayed effective date the dissolution if not effective on the date of filing: n/a

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No longer conducting business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: n/a

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature



Printed Name

Ignacio A. Ferras, III

2014 MAR 21 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEE: \$25.00

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: Radioactive I.D.A., LLC

Date of dissolution was: _____

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

- Name of company or individual
- Date of work or delivery
- Product or service provided
- Copy of detailed invoices

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

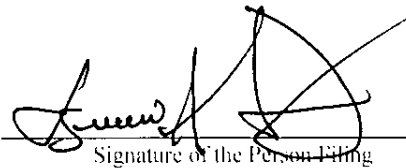
P.O. Box 173428

Tampa, FL 33672

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.

Ignacio A. Ferras, III

Printed Name of the Person Filing


Signature of the Person Filing