

L04000092736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

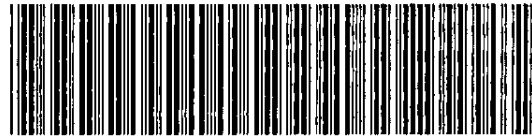
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/11--01059--010 **25.00

FILED
11 JUN 15 AM 8:42
STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 16 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bill Smith Video 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:

Bill Smith
(Name of Person)
Bill Smith Video
(Firm/Company)
16650 SE 54th St
(Address)
Ocklawaha, FL 32179
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Smith at (352) 6252408
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
11 JUN 15 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Bill Smith Video LLC

2. The Articles of Organization were filed on 02-27-05 and assigned document number

LD4000092734

3. The date the dissolution was approved: 04-28-11

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).

Owner retired, no remaining members

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

Wm R Smith

Printed Name

Bill Smith

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2011

BILL SMITH
16650 SE 54TH STREET
OCKLAWAHA, FL 32179

SUBJECT: BILL SMITH VIDEO LLC
Ref. Number: L04000092736

We have received your document for BILL SMITH VIDEO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00010935