L05000050180

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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12/18/08--01018--003 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

* BENAM DEC 1 9 2008

J. BRYAN JAN 2 1 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Studio I, LLC.		
	of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Wade R. Squiers	09	107
(Name of Person)		SECRE PICORPORATIONS
	(Name of Person) (Firm/Company) (Address)	5000
(Firm/Company)		POR
29 Ventana Blvd.		ATTUR
	(Address)	ō
Santa Rosa Beach, F		
	(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:	
Wade R. Squiers	at (850) 420-2095	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2008

WADE R. SQUIERS 29 VENTANA BLVD. SANTA ROSA BEACH, FL 32459

SUBJECT: STUDIO I LLC Ref. Number: L05000050180 OP JAN 16 PH 2: 51

We have received your document for STUDIO I 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 508A00061044

Marshall, Wagner & Associates, P.A.

Certified Public Accountants

19643 Blue Bird Lane
Unit 2
Rehoboth Beach, Delaware 19971
(302) 227-2537
(302) 227-3086 Fax

January 16, 2009

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

To whom it may concern,

As per our phone conversation with Annette at ext. 4918 on January 15, 2009, I am returning the dissolution papers for Studio I, LLC. The dissolution date for Studio I, LLC is December 31, 2008.

If you have any questions regarding this matter please call me at my office.

Respectfully yours,

Douglas C. Marshall

Certified Public Accountant

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	至 第
1. The name of a limited liability company is Studio I, LLC.	0, 2005 and assigned document number
	7
2. The Articles of Organization were filed on May 20 L05000050180	0, 2005 and assigned document number
3. The date the dissolution was approved: December	er 31, 2008
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section er letter).
All members of Studio I, LLC. have a	agreed to dissolve the business.
5. CHECK ONE:	
rg-OR-	nited liability company have been paid or discharged.
	ebts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
Adequate provision has been made for the sate entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution
Signature /	Printed Name
Population	Wade R. Squiers
	•

FILING FEE: \$25.00