105000093789

(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:			
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SECRETARY OF STATE
TALLAHASSEE, FINAIE

D. BRUCE

FEB 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	SHAKY CAM FILMS			
·	(Name of Limited Liability	Company)		
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing	g.		
Please return all	correspondence concerning this matter to the following	ng:		
		•		
	RICHARD T. COL			
	(Name of Person)			
	SHAKY CAM FI			
	(Firm/Company)	ADDRESS ?		
	149 FOUNTAIN	DRIVE 4221 BOCKWOODS DE		
	(Address)	DRIVE 4221 BOCKWOODS DE OPLANDO FL 32826		
	CLAYTON NC 27	520		
	(City/State and Zip Co	ode) To 0		
For further infor	rmation concerning this matter, please call:	₩		
roi turinei iinoi	mation concerning this matter, prease can.	TARRASS		
CLATTON NC 27520 (City/State and Zip Code) For further information concerning this matter, please call: PICHAPD T. ColomBotti at 407 375-2828FF0 PM (Name of Person) (Area Code & Daytime Telephone Number) SPAT SPAT SPAT SPAT SPAT SPAT SPAT SPAT				
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a chec	ck for the following amount:	AIDA		
\$25.00 Filing F	Certificate of Status Certified			
	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



February 5, 2009

RICHARD T. COLOMBOTTI 149 FOUNTAIN DRIVE CLAYTON, NC 27520

SUBJECT: SHAKY CAM FILMS, LLC

Ref. Number: L05000093789

We have received your document for SHAKY CAM FILMS, 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 109A00004211

FILED

09 FEB 17 PM 2: 49

SECRETARY OF STATE
TALLAHASSEF FLORE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
SHAKY CAM	FILMS UC
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	15 7009
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	nited liability company's dissolution pursuant to section cover letter).
OWNER MOVED FROM	FLORIDA TO NORTH CAROLNA
OCTOBER 2008	3
PREVIOUS FL ADDRESS: 422	1 BOCA WOODS DRIVE, ORLANDOFL 32826
CURRENT OWNER AUTRESS: 149	FOUNTAIN DRIVE CLATTON NC 27520
5. CHECK ONE:	
-OR-Adequate provision has been made for the	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. ibuted among its members in accordance with their respective
rights and interests.	
7. CHECK ONE:	
☐ There are no suits pending against the cor OR- Adequate provision has been made for the entered against it in any pending suit.	mpany in any court. e satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name Printed Name
Jul 7. Colorbatti.	RICHARD TO COMPONE
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