

L060000009819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

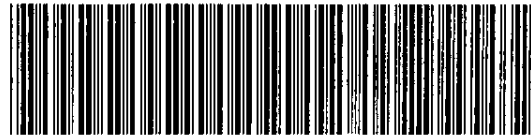
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/11--01034--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 29 PM 5:44

FILED

C. LEWIS

MAY - 2 2011

EXAMINER

April 27, 2011

10663 Northwyck Dr.
Jacksonville, FL 32218-6509

Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

Enclosed you will find the appropriate forms requesting to dissolve a Florida Limited Liability Company, and a check in the amount of \$25.00 to cover the filing fee.

On April 26th, I called your office and spoke to a gentleman who instructed me on how to process with this request. He also stated that, since I was requesting to dissolve the company, it was not necessary to pay the annual report fee of \$138.75 which would be due on the 1st of May, I hope this is correct.

If you have any questions or are requesting any other information, please send an email to arcaenum@aol.com or call me at 904-716-0179. Thank you for your kind assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eduardo A. de Ceano-Vivas', written in a cursive style.

Eduardo A. de Ceano-Vivas

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autumn Rain Publishing 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:

Eduardo A. de Ceano-Vivas

(Name of Person)

(Firm/Company)

10663 Northwyck Dr

(Address)

Jacksonville, FL 32218-6509

(City/State and Zip Code)

For further information concerning this matter, please call:

Eduardo A. de Ceano-Vivas

(Name of Person)

at (904) 716-0179

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2011 APR 29 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Autumn Rain Publishing LLC

2. The Articles of Organization were filed on January 20, 2006 and assigned document number
L06000009819

3. The date the dissolution was approved: April 26, 2011

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).

It has been determined by Mr. de Ceano-Vivas that this company is no
longer profitable and shall not continue to exist.

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

Eduardo A. de Ceano-Vivas

Printed Name

Eduardo A. de Ceano-Vivas