

LO6 0000 21071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

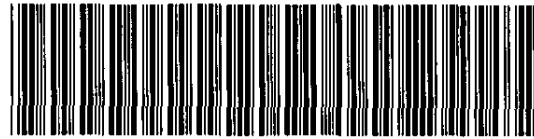
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 13 2013

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**SHARON HOWELL**  
**VIDEO SPECIALTIES JAX LLC**  
5539 LONDON LAKE DRIVE  
JACKSONVILLE, FL 32258  
904-292-2229

February 4, 2013

Florida Department of State  
Divisions of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Dissolution  
Video Specialties Jax LLC

Gentlemen:

Enclosed you will find my check of \$30 for Filing Fee & Certificate of Status for Articles of Dissolution for a limited liability company, Video Specialties Jax LLC. Dissolution Articles of Organization were filed on 2/24/2006 and assigned document number L0600002171. The date dissolution was approved 12/31/2012.

Please send me a letter of acknowledgement when the dissolution has been filed.

Thank you,



Sharon Howell  
President of Video Specialties Jax LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Video Specialties Jax 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:

**Sharon Howell**

(Name of Person)

(Firm/Company)

**5539 London Lake Drive**

(Address)

**Jacksonville, FL 32258**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Sharon Howell**

(Name of Person)

at **904** **292-2229**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ **\$30.00 Filing Fee &  
Certificate of Status**

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

ρ \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
Video Specialties Jax LLC

2. The Articles of Organization were filed on 2/24/2006 and assigned document number  
L06000021071

3. The date the dissolution was approved: 12/31/2012

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).  
Upon the written consent of all members.

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TALLAHASSEE FLORIDA

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**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

Printed Name

Sharon Howell 1-28-13  
Donna H Stokes 1-28-13

Sharon Howell

Donna H Stokes