| (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



400270389304

03/11/15--01013--002 **25.00

2015 MAR I I PM 3: 08

WAR 30 ZEIS D. BRUCE

COVER LETTER

| Divisi | on of Corporations | | | | | |
|--|--|-----------------|--|-------------|--------------|----------|
| SUBJECT: | EWO Photography, LLC | | | | | |
| _ | (Name of Limited | Liability Compa | nny) | | | |
| | | | | | | |
| The enclosed A | articles of Dissolution and fee(s) are submitted | d for filing. | | | | |
| Please return a | ll correspondence concerning this matter to th | e following: | | | | |
| | Jane E Logan Cato | | | | | |
| | | of Person) | | | | |
| | | | | | | |
| | (Firm/ | Company) | · | | | |
| | 13327 93rd Ave | | | ~~. ~~. | ~ | |
| | (A | ddress) | | 7 (2) | <u>=</u> | Œ |
| | Seminole, FL 33776 | | | を変数 | 2015 MAR I I | ≈ |
| | (City/State | and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | FLORI | PM 3: 08 | ζ. | |
| Jan | e E Logan Cato | 727 at (| 417-1914 | | CO | |
| | (Name of Person) | | Code & Daytime Telephone | e Number) | | |
| Enclosed is a ch | eck for the following amount: | | | | | |
| ✓ \$25.0€ | Filing Fee and Certificate of Dissolution | | ng Fee, Certificate of Disse Copy (additional copy is e | | | |
| | | _ | | | _ | |

MAILING ADDRESS:

TO:

Registration Section

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

| 1. | EWO Photography, LLC |
|-----------|--|
| 2. | The Articles of Organization were filed on 04/26/2006 and assigned |
| | document number <u>L06000043252</u> |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: |
| 4. | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). |
| | Business No Longer Active |
| | The state of the s |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | STATE OR |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: |
| | Jane E Logan Cato Signature Printed Name |
| | |
| | FILING FEE: \$25.00 |