

L07000052954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

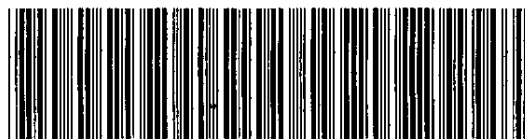
(Business Entity Name)

(Document Number)

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2008 OCT 13 P 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 14 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY LOCAL COMMOTION, 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:

KEITH ARMSTRONG  
(Name of Person)

(Firm/Company)

14510 LEMAYNE BLVD APT. 2509  
(Address)

BILOXI, MS 39532-6075  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH ARMSTRONG at 407 398 2573  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 OCT 13 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 9, 2008

KEITH ARMSTRONG  
14510 LEMOYNE BLVD  
APT 2509  
BILOXI, MS 39532

SUBJECT: MY LOCAL COMMOTION, LLC.  
Ref. Number: L07000052954

We have received your document for MY LOCAL COMMOTION, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 508A00049357

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2008 OCT 13 P 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1. The name of a limited liability company is

My LOCAL COMMOTION, LLC

2. The Articles of Organization were filed on MAY 18, 2007 and assigned document number

L 07000052954

SEPTEMBER

3. The date the dissolution was approved: 5, 2008

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).

DECISION TO STOP DOING BUSINESS.

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

[Signature]

Printed Name

KEITH ARMSTRONG