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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: TMAGINARIUM STUDIO UC (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:   |
| PEDRO FREITAS (Name of Person)  |
| (Firm/Company)  17508 HUGH W (Address)  LAND O LAKES FL 34638 (City/State and Zip Code)   |
| For further information concerning this matter, please call:    PEDRO   REITHS   at ( 8/3 ) 86H 36 74   (Name of Person) (Area Code & Daytime Telephone Number)               |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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