

L07000071191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

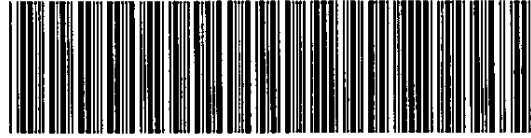
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

4/27/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mi Bq Elkhi Productions 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:

Crystal A. Wilson
(Name of Person)

(Firm/Company)

680 S. SAXARY AVE
(Address)

INVERNESS, FL 34453
(City/State and Zip Code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Crystal Wilson at (352) 220 2086
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & 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

1. The name of a limited liability company is

Mi Boj ERKki Productions LLC

2. The Articles of Organization were filed on July 10, 2007 and assigned

document number L07000071191

3. The delayed effective date the dissolution if not effective on the date of filing:

Feb 28, 2016

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Have been sick off an on for 2 years.

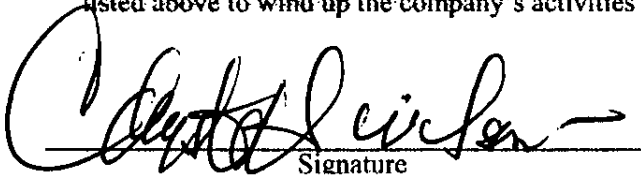
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Crystal Wilson

680 S. SAVARY Ave

Inverness, FL 34453

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

CRYSTAL A. WILSON
Printed Name

FILING FEE: \$25.00

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