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(Requestor's Name) (Address) (Address)	000136772570	
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	10/16/0801010007 **25.00 SECRETVAY OF STATE FLORIDA	
Special Instructions to Filing Officer:		
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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

C

SUBJECT: LTVC 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:

Tallahassee, FL 32314

MBERTO GONZAL	EZ			
<u> </u>	(Name of Person)			
RAPID INCOME TAX CORP				
	(Firm/Company)			
300 NW 87 CT SUIT	E 150	-	<u> </u>	
(Address)			306	
HIALEAH GARDENS, FL 33018			11	
			filed	
on concerning this matter, please	call:	LORIDA	\$0 :0 <u>}</u>	
RTO GONZALEZ	at ()			
(Name of Person)	(Area Code & Daytime	Telephone Number)		
the following amount:				
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)		
vision of Corporations	Division of Corr	orations		
	APID INCOME TAX (300 NW 87 CT SUIT ALEAH GARDENS, (Cit on concerning this matter, please ERTO GONZALEZ (Name of Person) (Name of Person)	(Firm/Company) 300 NW 87 CT SUITE 150 (Address) ALEAH GARDENS, FL 33018 (City/State and Zip Code) on concerning this matter, please call: ERTO GONZALEZ (Name of Person) the following amount: 30.00 Filing Fee & Certificate of Status AILING ADDRESS: egistration Section ivision of Corporations (Firm/Company) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Area Code & Daytime (Area Co	(Name of Person) PID INCOME TAX CORP (Firm/Company) 300 NW 87 CT SUITE 150 (Address) ALEAH GARDENS, FL 33018 (City/State and Zip Code) on concerning this matter, please call: ERTO GONZALEZ (Name of Person) the following amount: 30.00 Filing Fee & Certificate of Status (Area Code & Daytime Telephone Number) the following amount: 30.00 Filing Fee & Certified Copy (additional copy is enclosed) ALEAH GADDRESS: Egistration Section ivision of Corporations STREET/COURIER ADDRESS:	(Name of Person) APID INCOME TAX CORP (Firm/Company) 300 NW 87 CT SUITE 150 (Address) ALEAH GARDENS, FL 33018 (City/State and Zip Code) on concerning this matter, please call: ERTO GONZALEZ (Name of Person) (Name of Person) (Name of Person) (Name of Person) (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) the following amount: 30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is LTVC Production LLC.
2. The Articles of Organization were filed on $\frac{3-32-07}{1-07}$ and assigned document number $\frac{10700085809}{1-0700085809}$
3. The date the dissolution was approved: $9 - 1 - 0 \mathcal{S}$.
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).
 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. 608.4229. 6. All remaining property and assets have been distributed among its members in accordance with their respectives 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:

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Printed Name 110 Ce. an ς γ

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