

LO7000104070

(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



100282228091

02/18/16--01005--004 **25.00

FILED
16 FEB 18 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISP OF WIND 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:

JEROME ARKIN

(Name of Person)

(Firm/Company)

9109 CANBERLY DRIVE

(Address)

TAMPA, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

JEROME ARKIN

(Name of Person)

at 813 973-7771
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
WISP OF WIND PRODUCTIONS, LLC

2. The Articles of Organization were filed on 10-12-2007 and assigned
document number L07000104070

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

ALL BUSINESS MATTERS RESOLVED


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TALLAHASSEE FLORIDA

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

9109 CANBERLEY DRIVE

TAMPA, FL 33647

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

JEROME ARKIN

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: WISP OF WIND PRODUCTIONS, LLC

Document number of Limited Liability Company is: L07000104070

Date of dissolution was: 12-31-2015

Description of information that must be included in a written claim:

DOCUMENTS PROVIDING PROOF OF CLAIM

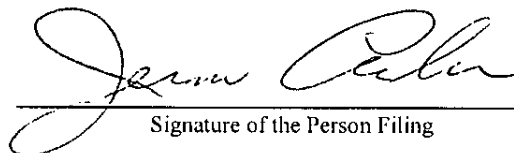
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

JEROME ARKIN
9109 CANBERLEY DRIVE
TAMPA, FL 33647

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JEROME ARKIN

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00