

L07000 104954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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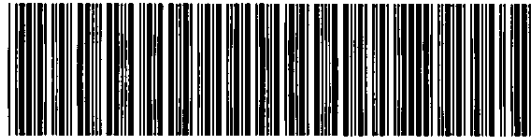
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLS CHURCH, VA
STATE CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odyssey Visions Studio, 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:

Dennis C. Brown, Esq.

(Name of Person)

Bond, Schoeneck & King, PLLC

(Firm/Company)

4001 Tamiami Trail North, Suite 250

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis C. Brown

(Name of Person)

at (

239

659-3800

(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 Odyssey Visions Studio, LLC.
2. The Articles of Organization were filed on October 16, 2007 and assigned document number L07000104984
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)
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).
Business activity discontinued.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____
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

Anthony J. Catalano

Printed Name _____

FILING FEE: \$25.00[illegible]