

LD8 000067462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 22 2014

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APPROVED  
FILED  
14 MAY 22 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

SUBJECT: St. Stephen's 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:**

Donna L. Cucinella  
(Name of Person)

(Firm/Company)

410 S. Maple Ave., Apt. 348  
(Address)

Falls Church, VA 22046  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

Donna Cucinella at (850) 570-7785  
(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)**

Check has been sent,  
and has cleared the bank.

**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

SPRING C. SMITH  
ALLIANCE FORD

14 DEC 22 PM 3:16

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

1. The name of a limited liability company is

St. Stephen's Productions, LLC

2. The Articles of Organization were filed on 7/11/2008 and assigned

document number LO8000067462

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

member moved outside the state of  
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: n/a

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:

Donna L. Cucinella

Signature

Donna L. Cucinella

Printed Name

**FILING FEE: \$25.00**

APPROVED  
AND  
FILED  
11 MAY 22 PM 3:47  
STATE OF FLORIDA  
TALLAHASSEE