

2/20/2015

2015-2-20 2:19:46 (GMT)

1407654803 From: Account Bookkeeping

Division of Corporations

L08000068806

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

**LLC DISSOLUTION OR WITHDRAWAL
MAKING DREAMS STUDIOS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 FEB 20 AM 10:00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2015

T. HAMPTON

4150000451313

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAKING DREAMS STUDIOS, 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:

ROQUE E. LISA

(Name of Person)

MAKING DREAMS STUDIOS, LLC

(Firm/Company)

4416 MIDDLEBROOK RD

(Address)

ORLANDO, FL. 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

ROQUE E. LISA

(Name of Person)

407

574-6018

at ()

(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
MAKING DREAMS STUDIOS, LLC
2. The Articles of Organization were filed on 07/16/2008 and assigned
document number L08000068806
3. The delayed effective date the dissolution if not effective on the date of filing: 02/20/2015
(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).
MEMBERS APPROVED DISSOLUTION
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

ROQUE E. LISA

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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