## L08000075120

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| (Address)                               |  |  |  |
|                                         |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| , , , , , ,                             |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|                                         |  |  |  |
| (Business Entity Name)                  |  |  |  |
| ·                                       |  |  |  |
| (Document Number)                       |  |  |  |
|                                         |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|                                         |  |  |  |
|                                         |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
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09 FEB -9 PM 1: 40

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 0 2009

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations                                |                                                                                                                                                                                 |  |  |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Delille's Video And Photo                      | graphy LLC                                                                                                                                                                      |  |  |
|                                                         | mited Liability Company)                                                                                                                                                        |  |  |
|                                                         |                                                                                                                                                                                 |  |  |
| The enclosed Articles of Dissolution and fee(s) are sub | -                                                                                                                                                                               |  |  |
| Please return all correspondence concerning this matte  | r to the following:                                                                                                                                                             |  |  |
| Delille Edoizin                                         |                                                                                                                                                                                 |  |  |
|                                                         | Name of Person)                                                                                                                                                                 |  |  |
| Delille's Video And Pho                                 | tography LLC                                                                                                                                                                    |  |  |
|                                                         | (Firm/Company)                                                                                                                                                                  |  |  |
| 2677 Hickory View Loop                                  |                                                                                                                                                                                 |  |  |
|                                                         | (Address)                                                                                                                                                                       |  |  |
| Lakeland, Fl. 33813                                     |                                                                                                                                                                                 |  |  |
| (City                                                   | //State and Zip Code)                                                                                                                                                           |  |  |
| For further information concerning this matter, please  | call:                                                                                                                                                                           |  |  |
| Delille Edoizin                                         | at ( 863 ) 647-5561                                                                                                                                                             |  |  |
| (Name of Person)                                        | (Area Code & Daytime Telephone Number)                                                                                                                                          |  |  |
| Enclosed is a check for the following amount:           | •                                                                                                                                                                               |  |  |
| \$25.00 Filing Fee & Certificate of Status              | \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| MAILING ADDRESS:                                        | STREET/COURIER ADDRESS:                                                                                                                                                         |  |  |
| Registration Section Division of Corporations           | Registration Section Division of Corporations                                                                                                                                   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                  | Clifton Building 2661 Executive Center Circle                                                                                                                                   |  |  |
|                                                         | Tallahassee, FL 32301                                                                                                                                                           |  |  |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

09 FEB -9 PM 1:40

| 1. The name of a limited liability company is  Delille's Video And Photography LL                                                           | _C                                       |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|
| 2. The Articles of Organization were filed on Aug                                                                                           | ust 05, 2008                             | and assigned document number          |
| 3. The date the dissolution was approved: Janua                                                                                             | ry 31, 2009                              | <u></u> .                             |
| 4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back Business has not been profitable n | nited liability company's cover letter). |                                       |
|                                                                                                                                             |                                          |                                       |
| 5. CHECK ONE:                                                                                                                               |                                          |                                       |
| All debts, obligations and liabilities of the OR-Adequate provision has been made for the                                                   | e debts, obligations and li              | abilities pursuant to s. 608.4421.    |
| <ol><li>All remaining property and assets have been distri<br/>rights and interests.</li></ol>                                              | ibuted among its member                  | s in accordance with their respective |
| 7. CHECK ONE:                                                                                                                               |                                          |                                       |
| There are no suits pending against the cor-OR-Adequate provision has been made for the entered against it in any pending suit.              | • •                                      | ment, order or decree which may be    |
| gnatures of the members having the same percentage                                                                                          | of membership interests r                | necessary to approve the dissolution  |
| Signature                                                                                                                                   |                                          | Printed Name                          |
| Delete &                                                                                                                                    | Delille f                                | Edoizin                               |
|                                                                                                                                             |                                          |                                       |
|                                                                                                                                             |                                          |                                       |
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|                                                                                                                                             |                                          |                                       |
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FILING FEE: \$25.00