

LO8000075872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

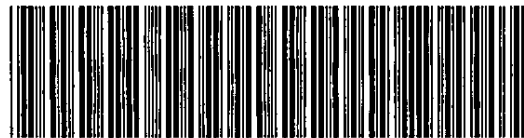
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2017 SEP 22 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 386 FILMS
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON FRAGALE
(Name of Person)

386 FILMS
(Firm Company)

16 SANDRA DRIVE
(Address)

ORMOND BEACH FL 32176
(City, State and Zip Code)

For further information concerning this matter, please call:

JASON FRAGALE
(Name of Person)

at (386) 852 7973
(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

386 FILMS

2. The Articles of Organization were filed on AUGUST 7, 2008 and assigned

document number L08000075872

3. The delayed effective date the dissolution if not effective on the date of filing: OCTOBER 1, 2017
(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).

END OF BUSINESS ACTIVITY

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

JASON FRAGALE

16 SANDRA DR

ORMOND BEACH FL 32176

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

JASON FRAGALE
Printed Name

FILING FEE: \$25.00