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☐ PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section
Division of Corporations

TO:

	dusa LLC
(Name of Limit	ted Liability Company)
The enclosed Articles of Dissolution and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Barbara L	Pinnik MIMM me of Person)
5tudia	m/Company)
700 S. Pa	Akrik Dr. (Address) $\sim \frac{1}{2} \omega$
Satellite 1	3 dh 5 32937
For further information concerning this matter, please call	ORPOS BED PH
Barbara L. Pinnick (Name of Person)	at (321) 537-5655 (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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2021 / no no no no no

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2020

BARBARA L PINNICK STUDIO MEDUSA LLC 700 SOUTH PATRICK DR SATELLITE BEACH, FL 32937

SUBJECT: STUDIO MEDUSA, LLC

Ref. Number: L09000056733

We have received your document for STUDIO MEDUSA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00025980

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Studio Medysa LLC
	29
2.	The Articles of Organization were filed on $06-10.2009$ and assigned
	The name of a limited liability company is $5 + udio$ Medusa LLC The Articles of Organization were filed on $06 - 10.2009$ and assigned document number 4.09000056733
3.	The delayed effective date the dissolution if not effective on the date of filing: 11-19-2020 (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).
	Effects of COUID 19 hardship
	closed the business
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Barbara L Pinnick
	410 HAWthorne Ct.
	Indian Harbour But FL
	32937
	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
1	Parbara A. Annick Barbara L. Princek Signature Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Studio Melusa LLC
Document number of Limited Liability Company is: L0900056733
Date of dissolution was: NOU 13, 2020
Description of information that must be included in a written claim:
Claims against Studio Medusa must
Claims against Studio Medusa must State the claim with the amount and
must include a copy of the supporting
mustinclude a copy of the supporting Documentation of the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Barbara LPinnick 410 Hawthorne Ct. Tradian HARbour BM- F1 32937

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Darbara Limick Barbara Hinseck Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00