

L10000034679

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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02/22/16--01037--011 **25.00

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2016 FEB 22 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKEN MEDIA GROUP 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:

CHRIS CAINE

(Name of Person)

BLACKEN MEDIA GROUP LLC

(Firm/Company)

800 OCAIA RD STE 326

(Address)

TALLAHASSEE, FL 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS CAINE

(Name of Person)

at (850) 528-4150

(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
2016 FEB 22 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

BLACKFIN Media Group LLC

2. The Articles of Organization were filed on 3/29/10 and assigned

document number L10000034679

3. The delayed effective date the dissolution if not effective on the date of filing: 3/1/16
(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).

CHANGE OF OCCUPATION

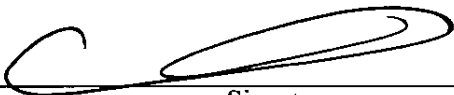
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

CHRIS CAIRN

800 OCAIA Rd STE 326

TALLAHASSEE, FL. 32304

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

CHRIS CAIRN

Printed Name

FILING FEE: \$25.00