

L100000046965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

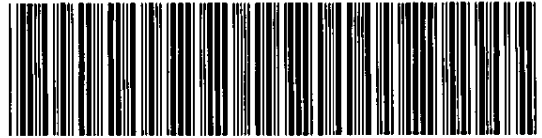
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271347562

200271347562
04/30/15--01020--035 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 30 PM 3:23
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 APR 30 PM 3:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APR 30 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anjel Productions 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:

Amanda Bellow

(Name of Person)

Anjel Production s LLC

(Firm/Company)

1539 A Live Oak Dr.

(Address)

Tallah, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Bellow

(Name of Person)

at

(850) 443-2077

(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

FILED
15 APR 30 PM 3:16
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Aniel Productions LLC

2. The Articles of Organization were filed on 5-3-10 and assigned
document number L10000046965

3. The delayed effective date the dissolution if not effective on the date of 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).

NO 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: _____

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

Amanda Bellin

Printed Name

Amanda Bellin

FILING FEE: \$25.00

FILED
15 APR 30 PM 3:16
TOMPKINS COUNTY
CLERK