

L1000054174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

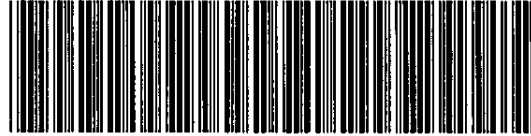
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800278407608

10/26/15--01038--018 **25.00

FILED
15 OCT 26 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCSpikes 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:

Chad C. Spikes

(Name of Person)

CCSpikes Productions LLC

(Firm/Company)

10212 Charleston Corner Rd

(Address)

Tampa, Florida 33635

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chad C. Spikes

(Name of Person)

at (813) 855-1121

(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**

1. The name of a limited liability company is

CCSpikes Productions, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L10000056176

3. The delayed effective date the dissolution if not effective on the date of filing: 909/25/2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

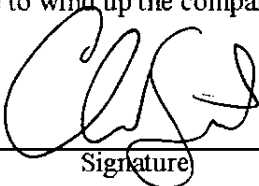
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The company had minimal account activity with no growth.

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

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

Chad C. Spikes

Printed Name

FILING FEE: \$25.00

FILED
15 OCT 28 PM 5:01
FLORIDA
SECRETARY OF STATE

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: CCSpikes Productions LLC

Document number of Limited Liability Company is: L10000056176

Date of dissolution was: 09/25/2015

Description of information that must be included in a written claim:

The company had minimal account activity with no growth.

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TAMPA, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

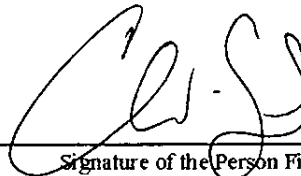
10212 Charleston Corner Rd

Tampa, Florida 33635

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.

Chad C. Spikes

Printed Name of the Person Filing



Signature of the Person Filing

Registration Department

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

October 20, 2015

Chad C. Spikes

10212 Charleston Corner Road

Tampa, Florida 33635

813-855-1121

RE: CCSpikes Productions LLC #00000056176

Dear Sir or Madam:

I am writing to request dissolution of my company, CCSpikes Productions LLC.

Included please find check#1514, in the amount of \$25.00, made out to the Florida Department of State.

The company had minimal account activity with no growth. I can be contacted at 813-855-1121.

Thank you for your cooperation in this matter.

Best Regards,



Chad C. Spikes

Enclosures

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19 OCT 26 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA