

L10000113771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 30 2014

J. BRUCE



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ochomedia Solutions 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:

Michael Ortiz, Esq.

(Name of Person)

Michael Ortiz P.A.

(Firm/Company)

1430 South Dixie Highway, Suite 321

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Ortiz

(Name of Person)

305

at (

665-5270

(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

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT



**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Ochomedia Solutions LLC
2. The Articles of Organization were filed on 11/01/2010 and assigned  
document number L10000113771
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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).  
The affirmative Consent of the Sole Member of Ochomedia Solutions LLC to the  
dissolution of Ochomedia Solutions LLC, in accordance with F.S. § 605.0701(2).
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

Michael Ortiz  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE FLORIDA

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