

L10000 117024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

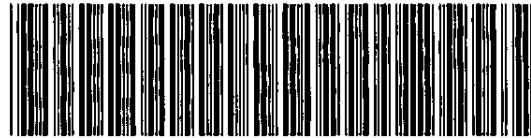
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/22/14--01023--007 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2014

CONF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULTIMEDIA COLLECTIVE,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 SCHIFFRIN,ESQ.

(Name of Person)

THE SCHIFFRIN LAW FIRM, PLLC

(Firm/Company)

9200 SOUTH DADELAND BLVD., SUITE 208

(Address)

MIAMI, FL. 33156

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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For further information concerning this matter, please call:

MICHAEL SCHIFFRIN

(Name of Person)

at (305) 539-0000

(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
MULTIMEDIA COLLECTIVE, LLC

2. The Articles of Organization were filed on November 10, 2010 and assigned
document number L10000117024

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 CONSENT OF ALL OF THE MEMBERS PURSUANT TO 605.0701(2) Fla. Stats.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: NOT APPLICABLE

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

SHARON STUART BARON

Printed Name

FILING FEE: \$25.00

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CLERK OF COURT
STATE OF FLORIDA

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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: MULTIMEDIA COLLECTIVE, LLC

Document number of Limited Liability Company is: L10000117024

Date of dissolution was: October 1, 2014

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

(1) The name, address and telephone number of claimant,

(2) Date that claim was incurred

(3) The amount of the claim and include copies of the invoice or invoices making up
said amount.

(4) The date the claim became due.

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

THE SCHIFFRIN LAW FIRM, PLLC

9200 South Dadeland Blvd., Suite 208

Miami, Florida 33156

Attn: Michael Schiffrin, Esq.

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.

Sharon Stuart Baron

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

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TALLAHASSEE, FLORIDA

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