

L1000090274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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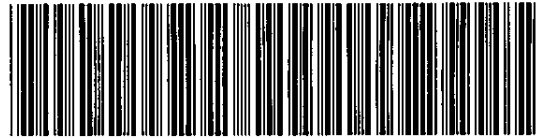
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 28 PM 2:22
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FILED
15 APR 28 AM 10:15
STATE

APR 29 2015

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 606290 7473879

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 28, 2015

ORDER TIME : 11:40 AM

ORDER NO. : 606290-005

CUSTOMER NO: 7473879

DOMESTIC FILINGS

NAME: MEDIA BRANDS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIA BRANDS 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:

Scott Yagoda, Esq.

(Name of Person)

Law Office of Scott Yagoda

(Firm/Company)

155 Pasaic Avenue - Suite 300

(Address)

Fairfield, New Jersey 07004

(City/State and Zip Code)

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CLERK OF COURT

For further information concerning this matter, please call:

Philip A. Piscopo

(Name of Person)

at (973) 396-3556

(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

Media Brands, LLC

2. The Articles of Organization were filed on August 5, 2011 and assigned

document number L11000090294

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)

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).

Business has ceased operations

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

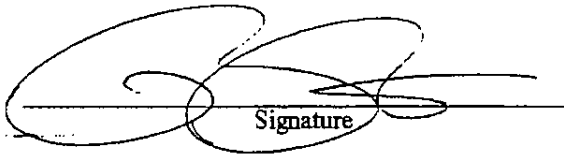
Philip A. Piscopo

Windmill Health Products LLC

6 Henderson Drive

West Caldwell, NJ 07006

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

Philip A. Piscopo

Printed Name

FILING FEE: \$25.00

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