

211000115520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

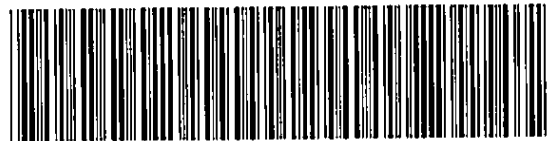
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900435584869

LLC dissolution

FILED

2024 SEP 13 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 SEP 13 AM 11:09

NOT A PUBLIC OFFICE

A. RAMSEY

SEP 16 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 09/13/2024

Acc#120160000072

en: c SW

Name:	Grant Larson Productions, LLC
Document #:	
Order #:	15866582

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 SEP 13 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Grant Larson Productions, LLC

2. The Articles of Organization were filed on 10/10/2011 and assigned
document number 1.11000115520

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

By consent of the majority members as authorized by the operating agreement.

By consent of the majority members as authorized by the operating agreement.

By consent of the majority members as authorized by the operating agreement.

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

Carly Larson

Printed Name

FILING FEE: \$25.00