

L12000080523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

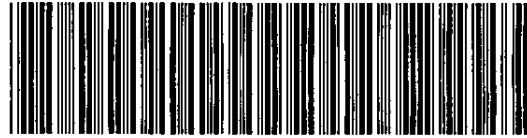
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300266821353

11/26/14--01005--003 \*\*25.00

FILED  
14 NOV 26 PM 4:11  
SECRETARY OF STATE  
HALL-ANASSEE, H 6997

G. HARVEY

DEC 08

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Media Marketing Wizard 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:

Mark O. Langley  
(Name of Person)

Media Marketing Wizard LLC  
(Firm/Company)

P.O. Box 510580  
(Address)

Key Colony Beach, FL 33051  
(City/State and Zip Code)

FILED  
14 NOV 26 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark O. Langley at ( 321 ) 228-0059  
(Name of Person) (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 Marketing Wizard LLC

2. The Articles of Organization were filed on 6-15-2012 and assigned

document number L120000805 23

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 members

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Mark O. Langley  
Signature

Mark O. Langley  
Printed Name

**FILING FEE: \$25.00**

14 NOV 26 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED