

212000100279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

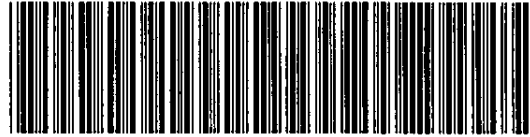
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

FEB 02 2015  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWEEPSTAKES LOGIC 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:

RON ABRAHAM

(Name of Person)

KSDT & COMPANY

(Firm/Company)

9300 S DADELAND BLVD 600 STE

(Address)

MIAMI, FL , 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

RON ABRAHAM

(Name of Person)

305

at (

6703370

(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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is  
SWEEPSTAKES LOGIC LLC
2. The Articles of Organization were filed on 08/17/2012 and assigned  
document number L12000106279
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).  
PERSONAL CHOICE TO DISCONTINUE BUSINESS IN THE U.S.A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: DANIEL SARUSI  
3801 HOLLYWOOD BLVD SUITE 100A  
HOLLYWOOD , FL, 33021  
\_\_\_\_\_
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

DANIEL SARUSI

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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