

L12000108751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

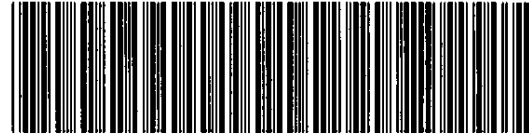
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



500265946015

11/10/14--01003--005 **25.00

EFFECTIVE DATE
12-15-14

FILED
14 NOV 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On The Spot Locations, 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:

Ryan Kartheiser

(Name of Person)

(Firm/Company)

1550 SW 16th Ave

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Kartheiser

(Name of Person)

630

338-9984

at

(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

FILED
14 NOV 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
On The Spot Locations, LLC.

2. The Articles of Organization were filed on 8/23/12 and assigned
document number L12000108751

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/14
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

EFFECTIVE DATE
12-15-14

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 company is no longer needed.

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

Ryan Kartheiser

Printed Name

FILING FEE: \$25.00