

L12000123980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

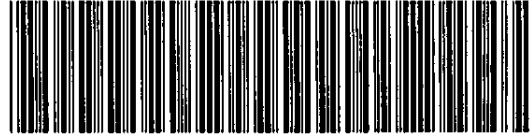
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bush MAR 14 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE SOUNDS 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:

LUIS ANGEL VIZCARRONDO LINDERMAN

(Name of Person)

UNIQUE SOUNDS LLC

(Firm/Company)

2272 MALLARD CREEK CIRCLE

(Address)

KISSIMMEE, FLORIDA 34743

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS ANGEL VIZCARRONDO LINDERMAN

(Name of Person)

at 321 946-0580

(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

UNIQUE SOUNDS LLC

2. The Articles of Organization were filed on SEPTEMBER 28, 2012 and assigned document number L12000123980

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

UNABLE TO ACQUIRE CLIENTEL FOR BUSINESS INCOME

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14 MAR -3 AM 11:03
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TALLAHASSEE FLORIDA

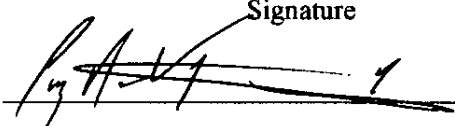
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LUIS ANGEL VIZCARRONDO LINDERMAN
2272 MALLARD CREEK CIRCLE
KISSIMMEE, FL. 34743

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

Printed Name



LUIS ANGEL VIZCARRONDO LINDERMAN

FILING FEE: \$25.00