Ulacoli sici

(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:					

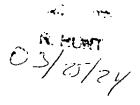




100426177371

08/25/24--01027--021 ++25.00

7:30



COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	Knee Deep Films LLC				
SUBJECT:	(Name of Limit	ted Liability Company)		_	
The enclosed	Articles of Dissolution and fee(s) are submit	tted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Peter Cordova				
(Name of Person)					
(Firm/Company)					
12880 Mapleton Ct.					
(Address) Boca Raton, Florida 33428					
	(City/Sta	ate and Zip Code)	 -	- Tari	
For further information concerning this matter, please call:			: : <u>-</u> :	-: 38	
Peter Cordova		305 495-3112 at ()		_ _	
 .	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)		
Enclosed is a c	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)			
	Iling Address:	Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is			·
2.	The Articles of Organization	were filed on 10/17/2012	2	and assigne	d
	document number L1200013	3068	_		
3.	The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective forms.	his block does not meet the	applicable statute	ory filing requirements, the	ived for filing) his date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limite copy 605.0707 on back c	ed liability compover letter).	pany's dissolution purs	suant to section
	Will no longer be doing busines		•	due to lack of economic	resources, and
					,
		······			· · · · · · · · · · · · · · · · · · ·
5.	If there are no members, ent	er the name and address	of the person ar	pointed to wind up the	company's
	activities and affairs:	Peter Cordova 12880 Maj	•	=	
			•		
		<u> </u>			
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no n s activities and affairs:	nembers, the sig	nature of the person ap	opointed and liste
	- rug at		Peter Cordova		
_	Signature			Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:		
Document number of Limited Liability Company is:		
Date of dissolution was:		
Description of information that must be included in a written	claim:	
	: · · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
	<u>్ల</u> య	
Mailing address where claims can be sent: (Claims cannot be	-	
A claim against the above named limited liability company we claim is commenced within 4 years after the filing of this not	ill be barred unless a proceeding to enforce the ice.	
Printed Name of the Person Filing	Signature of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00