# L13000106716

(Requestor's Name)						
(Address)						
(Address)						
, ,						
(City/State/Zip/Phone #)						
(City/State/Zip/Priorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(=======,						
Contilled Coming Contilled to Active						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900265143329

10/13/14--01011--007 \*\*25.00



# **COVER LETTER**

Division of Corporations						
SUBJECT: Surging Media Group LLC (Name of Limited Liability Company)						
(Name of Emilion Eldonly Company)						
The enclosed Articles of Dissolution and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Stgio Myes						
Segio Myes (Name of Person)						
Surging Media Group (Firm/Company)						
(Firm/Company)						
6230 WILSHIVE BIND # 2060 (Address)						
(Address)						
Los Angeles, CA 9004-8 (City/State and Zip Code)						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Sugio Myers al 310, 871 8623						
(Name of Person)  Sugio Myels at (310) 871 8623  (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee and Certificate of Dissolution						

### **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 2014 OCT 13 AM 10: 50

1. The name of	a limited liability cor	mpany is		SIGNA	はども方
	Surgin	9 Media	Group	CC CALLAHAS	
2. The Articles	of Organization were	filed on	1/29/2013	and assigned	
document nur	mber <u> </u>	0001067	16		
3. The delayed	effective date the dis. (effective date ca	solution if not effecti nnot be prior to or more t	ve on the date of fili han 90 days later than da	ing: 10 · /7 · / te document is received for f	iling)
4. A description 605.0707, Flo	of occurrence that rorida Statutes, (copy 6	esulted in the limited 505.0707 on back co	liability company's ver letter).	dissolution pursuant to	section
No	longer 10	quired si	nce disse	lung	
	•	•		Managing	
Dir	ector all	work is	will now	be done	
	hrough	owent c	ompany.		
5. If there are no activities and	o memoers, enter the	name and address of	the person appointe	ed to wind up the compa	iny's
					<del></del>
		<del>_</del>			
6. Signature of a listed above to w	an authorized person vind up the company	or if there are no me's activities and affai	mbers, the signature	of the person appointed	d and
	7				
	Memy		Nic	role Davis	
	Signature		Print	ed Name	

**FILING FEE: \$25.00**