

L/3000/28798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

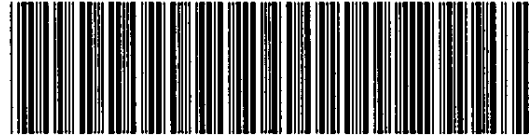
(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 28 PM 3 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Uncle Gloria Film, 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:

Steve Shulman

(Name of Person)

(Firm/Company)

9825 NE 2nd Ave, #121

(Address)

Miami, FL 33153

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Shulman

(Name of Person)

at

305 757 2120

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 28 PM 3 24

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

1. The name of a limited liability company is
My Uncle Gloria Film, LLC
2. The Articles of Organization were filed on 9/12/2013 and assigned
document number L13000128798
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).
Member Consent. No longer doing business.

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

9825 NE 2nd Ave, #121

Miami, FL 33153

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

Steven Shulman

FILING FEE: \$25.00

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2014 FEB 28 PM 3:24
CLERK OF STATE
TALLAHASSEE, FLORIDA