

L13 000143442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

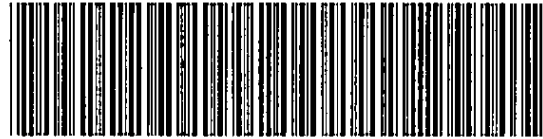
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200336802222

11/12/19--01043--001 **25.00

2019 NOV 12 AM 10:39
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATE & UCC

LLC
Diss
w/ Notice
12-16-19
DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus Sports Net 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:

Alan M. Briskin

(Name of Person)

Briskin, Cross & Sanford, LLC

(Firm/Company)

1001 Cambridge Square, Suite D

(Address)

Alpharetta, GA 30009

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan M. Briskin

(Name of Person)

at (770) 410-1555

(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
Campus Sports Net LLC
2. The Articles of Organization were filed on October 10, 2013 and assigned
document number L13000143442
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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).
605.0701(1) - An event or circumstance that the Operating Agreement states causes
dissolution. Pursuant to Section 3.5 of the Operating Agreement, the Managers may
choose to dissolve the Company after receiving a majority vote of the Members of
the Company.
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

Alan M. Briskin
Printed Name

FILING FEE: \$25.00

FILED
2013 NOV 12 AM 10:39
CLERK OF STATE
DIVISION OF CORPORATE

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: Campus Sports Net LLC

Document number of Limited Liability Company is: L13000143442

Date of dissolution was: _____

Description of information that must be included in a written claim:

- (a) name of claimant, or agent of claimant, that may be contacted concerning the claim,
(b) address where claimant, or agent of claimant, may be contacted concerning the claim,
(c) telephone numbers where claimant, or agent of claimant, may be contacted during
normal business hours concerning the claim, (d) other means of contact, such as e-mail,
(e) description and amount of claim, (f) the date(s) the transaction or events giving rise to
the claim occurred and (g) any other pertinent information pertaining to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Briskin, Cross & Sanford, LLC

1001 Cambridge Square, Suite D

Alpharetta, GA 30009

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Alan M. Briskin

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