13000151829

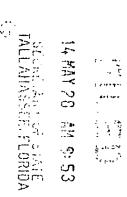
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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T. SHARLE MAX 5 8 1000





May 7, 2014

VICENTE MARTINEZ 10338 DYLAND ST APT 835 ORLANDO, FL 32825

SUBJECT: VICENTE MARTINEZ IMAGE DESIGNER, LLC

Ref. Number: L13000151829

We have received your document for VICENTE MARTINEZ IMAGE DESIGNER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00009757

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

| | ion of Corporations | * | |
|---|--|---|--|
| SUBJECT: _ | /icente Martinez Image Designer, | , LLC | |
| Sobject | (Name of Limit | ted Liability Company) | |
| The enclosed A | Articles of Dissolution and fee(s) are submitt | ted for filing. | |
| Please return a | Il correspondence concerning this matter to | the following: | |
| | Vicente Martinez | | |
| | (Nan | me of Person) | |
| | Vicente MArtinez Image Designer LLC | | |
| | (Fin | m/Company) | |
| | 10338 Dylan St Apt 835 | | |
| | (| (Address) | |
| | Orlando, FL 32825 | | |
| | (City/Sta | ate and Zip Code) | |
| For further inf | ormation concerning this matter, please call: | : | |
| Vice | ente Martinez | 787 547-7737 | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed is a ch | neck for the following amount: | | |
| | | \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| | MAILING ADDRESS: | STREET/COURIER ADDRESS: | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building | |
| | | 2661 Executive Center Circle | |

Tallahassee, FL 32301