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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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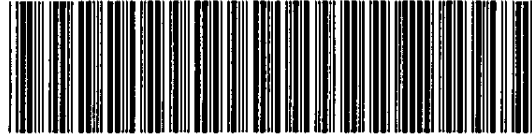
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kosmo Studios 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:

John Kaminski

(Name of Person)

Kosmo Studios LLC

(Firm/Company)

1400 S Orange Blossom Trail

(Address)

Orlando, Florida 32805

(City/State and Zip Code)

For further information concerning this matter, please call:

John Kaminski

(Name of Person)

at (407) 718-9558

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

Kosmo Studios LLC

2. The Articles of Organization were filed on December 3, 2013 and assigned

document number L13000167343

3. The delayed effective date the dissolution if not effective on the date of filing: January 11, 2016
(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).

Decrease in work, and employees. Dissolving business.

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

John Kaminski

4334 Piermont Court

Orlando, Florida 32817

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

John Kaminski

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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