## 413000169054

(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. Bush (FEB = 5 2015

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	LLLo Creative LLC.				
(Name of Limited Liability Company)					
The end	closed Articles of Dissolution and fee(s) are submitted	d for filing			
	return all correspondence concerning this matter to th				
1 louse	return an correspondence concerning and matter to the	e following.			
	Adam Schwartz				
(Name of Person)					
(Firm/Company)					
	55 West Church St. Apt. 1809				
	(Address)				
	Orlando, FL 32801				
	(City/State	and Zip Code)			
For fur	ther information concerning this matter, please call:				
	Adam Schwartz	516 6335065			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed 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:	STREET/COURIER ADDRESS:			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

<ol> <li>The name of a limited lial LLLo Creative LLC.</li> </ol>	pility company is			
	ion were filed on 12/06/2013	and assigned		
document number L1300				
3. The delayed effective date (effecti	e the dissolution if not effective on the date of filing: ve date cannot be prior to or more than 90 days later than date do	12/30/14 ocument is received for 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).				
LLC never did any bu	siness.			
		SECHALIAN S		
		N 27 HASS		
	·	E FL		
5 If there are no members a	enter the name and address of the nercen appointed to	Samuel un the Samuel Co		
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Adam Schwartz				
55 West Church St. Apt. 1809				
	Orlando, FL 32801			
6. Signature of an authorized listed above to wind up the co	I person or if there are no members, the signature of tompany's activities and affairs:	the person appointed and		
MM	Adam Schwartz			
Signature	Printed 1	Name		

FILING FEE: \$25.00