

L14000022879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

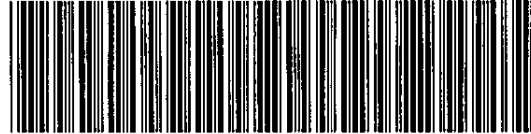
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800274275848

07/20/15--01007--005 \*\*25.00

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15 AUG -3 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG -4 2015  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Epic Q Production  
(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:

Marcia Clarke  
(Name of Person)  
Epic Q Production  
(Firm/Company)  
1550 NE 191st Apt 307  
(Address)  
Miami FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia Clarke at (786) 488-5631  
(Name of Person) (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



RECEIVED

15 AUG -3 PM 3: 09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

July 21, 2015

MARCIA CLARKE  
1550 NE 191 ST  
APT 307  
MIAMI, FL 33179

SUBJECT: EPIC Q PRODUCTION LLC  
Ref. Number: L14000022879

We have received your document for EPIC Q PRODUCTION 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 Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return 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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 915A00015298

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

1. The name of a limited liability company is

Epic Q Production

2. The Articles of Organization were filed on 01/30/14 and assigned

document number L14000022879

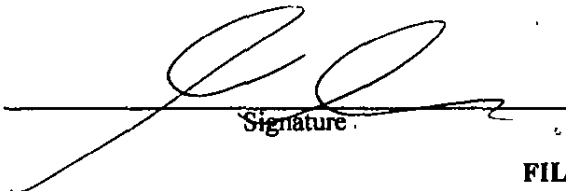
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Need to take care of personal issues  
No time to run a business @ this time

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

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

MARCIA CLARKE  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
15 AUG -3 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Epic Q production

Document number of Limited Liability Company is: L14 000 6228 79

Date of dissolution was: \_\_\_\_\_

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

Any claims please send to Attention: Marcia Clarke.  
Invoice #  
dates + amount.

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

1550 NE 191st Apt 307  
Miami, Florida 33179.  
786-488-5631.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG -3 AM 9:24

FILED

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.

Marcia Clarke  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**