

L14 0001 10722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

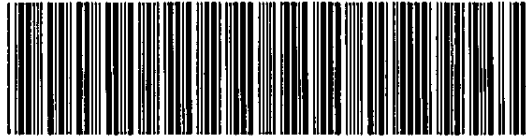
(Business Entity Name)

(Document Number)

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

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15 APR 27 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 01 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution of LLC

**DOCUMENT NUMBER:** L14000110722

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Barrows

\_\_\_\_\_  
(Name of Contact Person)

Radioactive Band, LLC

\_\_\_\_\_  
(Firm/Company)

7400 NW Highway 225A

\_\_\_\_\_  
(Address)

Ocala, FL 34482 US

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DeeAnn Barrows                      352                      615-7606  
\_\_\_\_\_  
(Name of Contact Person)                      at (\_\_\_\_\_)                      (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|---|---|---|

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment 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  
Radioactive Band, LLC
2. The Articles of Organization were filed on Jul 14, 2014 and assigned  
document number L14000110722
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).

Dismemberment of band.

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

DeeAnn Barrows

7400 NW Highway 225A

Ocala, FL 34482

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TALLAHASSEE, FLORIDA

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:

DeeAnn Barrows  
Signature

DeeAnn Barrows

Printed Name

**FILING FEE: \$25.00**