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C.L. 21-15 4

COVER LETTER TO: Registration SectionDivision of Corporations SUBJECT: Downtown Marketing Cooperative of Sarasota LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Termination and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Treanne Miche Name of Person Soundown Marketing Cooperative y Sarasota LLC Firm/Company 1525 State St. Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Norman Gollub Name of Person

 $\frac{1}{1} \operatorname{Area Code} \frac{556 - 4053}{\text{Daytime Telephone Number}}$

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E141 (2/14)

The name of a limited liability company is 2 2 2 2 2 2 2 2 2 2	
The name of a limited liability company is $\frac{1}{200000000000000000000000000000000000$	<u> </u>
The Articles of Organization were filed on $9/23/2014$ and assigne locument number $L140\infty149074$	
locument number $L14000149074$	
	ived for filing)
The delayed effective date the dissolution if not effective on the date of filing:	ived for filing)
A description of occurrence that resulted in the limited liability company's dissolution pure 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).	suant to section
The mendors no longer wished to operate this	LLC.
f there are no members, enter the name and address of the person appointed to wind up the	e company's
Norman Gollub	
Signature of an authorized person or if there are no members, the signature of the person a	ppointed and
ed above to wind up the company's activities and affairs:	

?

Signature

Norman Gollub Printed Name

FILING FEE: \$25.00