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AUG 21 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Preserve Hedia 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:
Greg Thomas (Name of Person)
Preserve Media (Firm/Company)
221 Elmwood Dive
Jacksonulle, Pt 32259 (City/State and Zip Code)
For further information concerning this matter, please call:
Greg M. Thomas at (904) 503-2507 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\square\$ \$\frac{1}{2}\$\$ \$25.00 Filing Fee and Certificate of Dissolution \$\square\$ \$\square\$ \$\square\$ \$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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability Preserve Media					
2. The Articles of Organization v	vere filed on	0/17/2011	<u> </u>	and assigned	
document number <u>L14</u>	00163	788			
3. The delayed effective date the (effective date Note: If the date inserted in this listed as the document's effective	block does not m	eet the applicable stati	itory filing red	August 25, 2 cument is received for fi quirements, this date v	3015 iling) vill not be
4. A description of occurrence th 605.0707, Florida Statutes, (co	at resulted in the by 605.0707 on	e limited liability cor back cover letter).	mpany's diss	sölütiön pürsuant tö	section
Partner Divorce		•			
ran the compan	y. After a	divorce, no	financi	ial support	0
operational supp	NA QUAI	lable to su	Istain	the compa	<u>an</u> y.
					55
5. If there are no members, enter	the name and ac	ldress of the person	appointed to	wind up the compa	ilys ·
activities and affairs:	Greg M.	Thomas		SS S	20
_	Valenie	P. Thomas		En I	
_	-			YOUR FIVE)
_					
6. Signature of an authorized per- listed above to wind up the compa	son or if there and any's activities a	e no members, the sund affairs:	ignature of t	he person appointed	l and
De Pa		Vale	ne P. T	Thomas	

FILING FEE: \$25.00