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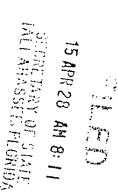
(F	Requestor's Name)			
	Address)			
(P	Address)			
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PICK-UP	WAIT MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations				
O4V MANAGEMENT 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:				
SIMON B HOWELL				
(Name of Person)				
HOWELL INTERNATIONAL TAX				
(Firm/Company)				
801 W. IRLO BRONSON MEMORIAL HWY, SUITE 100				
(Address)				
KISSIMMEE, FLORIDA 34747				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
SIMON B HOWELL 407 245-7600				
(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 STREET/COURIER ADDRESS: Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is O4V MANAGEMENT LLC					
2.	The Articles of Organizatio	n were filed on 11 DECEMBER, 2014	and assigned		
	document number L14000	189494			
3.	The delayed effective date the dissolution if not effective on the date of filing:				
4.	605.0707, Florida Statutes, (that resulted in the limited liability company copy 605.0707 on back cover letter).			
	SECTION 605.0701 Para (1) The consent of all the members				
5.	If there are no members, en	ter the name and address of the person appoin	ated to wind up the company's		
	activities and affairs:		3		
		NOT APPLICABLE	RR 2		
			<u> </u>		
			—————————————————————————————————————		
6. lis	Signature of an authorized sted above to wind up the column	person or if there are no members, the signatu	re of the person appointed and		
	1.)			
	March	JOHN O'NEIL			
	Signature	Pr	inted Name		

FILING FEE: \$25.00