

L14000 185494

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2015 MAY 05 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 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

(Name of Person)

407

at (

245-7600

(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

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

1. The name of a limited liability company is

O4V MANAGEMENT LLC

2. The Articles of Organization were filed on 11 DECEMBER, 2014 and assigned

document number L14000189494

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).

SECTION 605.0701 Para (1) The consent of all the members

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

NOT APPLICABLE

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

JOHN O'NEIL

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE FLORIDA

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