

#L15000005498

(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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Office Use Only



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05/29/15--01020--004 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 29 AM 11:59

FILED

K. SALY
EXAMINER
JUN - 2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2015 Marketing 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:

Gary Wishnia
(Name of Person)

2015 Marketing LLC
(Firm/Company)

400 Capital Circle SE STE 1802
(Address)

Tallahassee FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Wishnia at (850) 7454241
(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
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

FILED
2015 MAY 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

2015 MARKETING LLC

2. The Articles of Organization were filed on 01/09/15 and assigned

document number L15000005498

3. The delayed effective date the dissolution if not effective on the date of filing: Date of Filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Lost Contracts Necessary to Sustain
BUSINESS

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

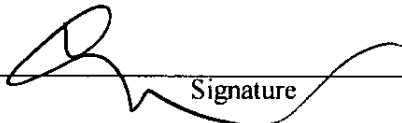
GARY WISHNUP

400 CAPITAL CIRCLE

STE 18102

TALLAHASSEE, FL 32301

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

GARY WISHNUP
Printed Name

FILING FEE: \$25.00