# U5000 (31)

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
TALLARY SSTELL FLORIDA

MAR 0 8 2016 S. YOUNG

# **COVER LETTER**

TO:

Registration Section Division of Corporations

RUN ROAD OMNIMEDIA LLO
(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:

JAZMINE A. KNIGHT

(Firm/Company)

NW 19th STREET

(City/State and Zip Code)

For further information concerning this matter, please call:

ユタアムラア

(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

The name of a limited liabilit	y company is OMNIMEDIA, LLC
The Articles of Organization	were filed on 1-23-2015 and assigned
document numberL16c	00014317
(effective d Note: If the date inserted in this	e dissolution if not effective on the date of filing: ate cannot be prior to or more than 90 days later than date document is received for filing) is block does not meet the applicable statutory filing requirements, this date will not be we date on the Department of State's records.
A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).
interest of	PARTIES ARE NOT AUGNED.
	7 - 7 PM
If there are no members, ente activities and affairs:	r the name and address of the person appointed to wind up the company's TAZMINE A. ICNIGHT
	4300 NW 19TR STREET 1.209
	LANDERHILL FL 33313
Signature of an authorized petet above to wind up the com	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
Signature	Jazmine Knight

**FILING FEE: \$25.00** 

SECRÉTARY OF STATE