

215000115804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

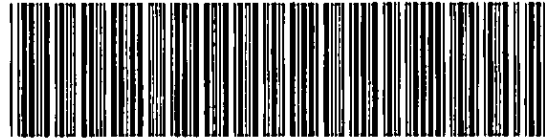
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 NOV 22 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

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DEC 10 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Epic Photo Co. 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:

Jeffrey Province  
(Name of Person)

Epic Photo Co. LLC  
(Firm/Company)

3768 E County Hwy 30A, Unit 506  
(Address)

Santa Rosa Beach, FL 32459  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Province at ( 850 ) 714-1100  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2021 NOV 22 AM 7:02

1. The name of a limited liability company is

Epic Photo Co. LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

2. The Articles of Organization were filed on 07/09/2015 and assigned

document number L15000115804

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021

(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).

Managing member is moving out of state  
and shutting down 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:


Jeff Provinse

3768 E County Hwy 30A

Unit 506

Santa Rosa Beach, FL 32459

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

Jeff Provinse  
Printed Name

FILING FEE: \$25.00