

L16000163021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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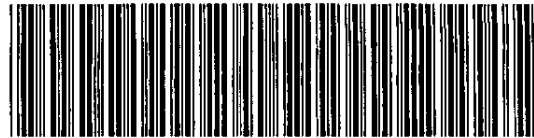
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 OCT 31 AM 7:45

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lujo Media Group LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Sotomayor  
Name of Person

Lujo Media Group LLC  
Firm/Company

2355 NW 59<sup>th</sup> Terrace  
Address

Ocala, FL 34482  
City/State and Zip Code

john@sotomayormedia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Sotomayor at (352) 571-0129  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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TALLAHASSEE, FLORIDA  
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## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: Lujo Media Group LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000163021

**THIRD:** The date of filing of the initial articles of organization is: August 30, 2016

**FOURTH:** The date of filing of the dissolution is: October 25, 2016

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

16 OCT 31 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

John Satomayor  
Signature of Authorized Representative

John Satomayor  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)