

LI6000187927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

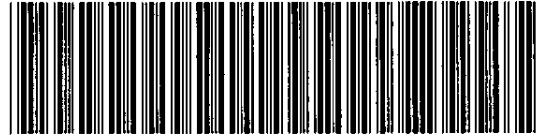
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/19/16--01005--014 **25.00

APPROVED
FILED

16 OCT 19 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

16 OCT 19 PM 12:22

OCT 19 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MusicLand Co-op 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:

Robert A Lombardo

(Name of Person)

MusicLand Co-op LLC

(Firm/Company)

9601 Miccosukee Road Lot 54

(Address)

Tallahassee, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A Lombardo

(Name of Person)

at (850) 570-9325

(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

MusicLand Co-op LLC

2. The Articles of Organization were filed on October 11, 2016 and assigned

document number ~~200291116122~~ L16000187927

3. The delayed effective date the dissolution if not effective on the date of filing: Nov 1, 2016
(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).

The LLC was filed by my wife and I to support a small live music venue in our community. We discovered after

the filing that the income coming from the LLC would negatively impact and jeopardize our Social Security,

Unfortunately we did not realize this prior to filing. We must therefore dissolve the LLC and create a small non

profit corporation to continue our program.

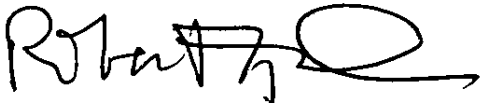
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Robert A Lombardo

9601 Miccosukee Road Lot 54

Tallahassee, FL 32309

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

Robert A Lombardo

Printed Name

FILING FEE: \$25.00

16 OCT 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED