

L17 000141678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

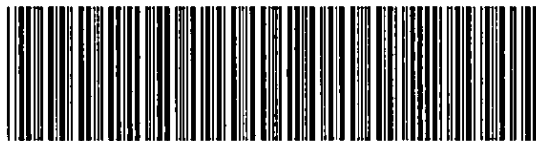
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOOKIE HEZE FILMS 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:

AMANDA KIELY
(Name of Person)
LOOKIE HEZE FILMS
(Firm/Company)
1585 MAPLE STREET
(Address)
CLEARWATER FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA KIELY at (323) 855 8641
(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

RECEIVED

FEB 03 2020

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LOOKIE HERE FILMS LLC

2. The Articles of Organization were filed on JUNE 29, 2017 and assigned

document number L17000141678

3. The delayed effective date the dissolution if not effective on the date of filing: 1-27-2020
(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 COMPANY HAS NOT MADE ANY
MONEY

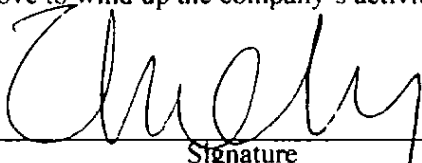
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

AMANDA KIELY

1585 MAPLE ST

CLEARWATER FL 33755

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

AMANDA KIELY

Printed Name

FILING FEE: \$25.00