

L19000283253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

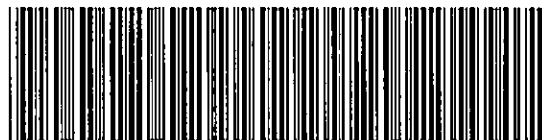
(Business Entity Name)

(Document Number)

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

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2020 APR 13 PM 2:38  
SECRETARY OF STATE  
TOLSON

Y SHI KFP  
APR 20 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SULLIVAN PRODUCTIONS 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:

BRIANNON SULLIVAN

\_\_\_\_\_  
(Name of Person)

SULLIVAN PRODUCTIONS LLC

\_\_\_\_\_  
(Firm/Company)

2078 E. WESTMINSTER AVE.

\_\_\_\_\_  
(Address)

SALT LAKE CITY, UT 84108

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIANNON SULLIVAN

\_\_\_\_\_  
(Name of Person)

801

624-0702

at (\_\_\_\_\_) \_\_\_\_\_

(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**

1. The name of a limited liability company is  
SULLIVAN PRODUCTIONS LLC
2. The Articles of Organization were filed on 11/13/2019 and assigned  
document number L19000283253
3. The delayed effective date the dissolution if not effective on the date of filing: (upon filing)  
(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).  
ALL MEMBERS VOTED TO DISSOLVE THE LLC.  
ALL MEMBERS VOTED TO DISSOLVE THE LLC.  
ALL MEMBERS VOTED TO DISSOLVE THE LLC.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

BRIANNON SULLIVAN

Printed Name

**FILING FEE: \$25.00**

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2020 APR 13 PM 12:38  
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TALLAHASSEE