

K21000010989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

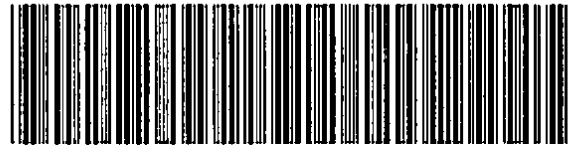
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FANTASIE AUDIO, 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:

Luis Quiroz

Name of Person

Firm/Company

4474 Drayton Ln

Address

Oviedo, FL 32765

City/State and Zip Code

le.quiroz.galvez@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Quiroz

Name of Person

at (407) 369-3821

Area Code Daytime Telephone Number

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

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: FANTASIE AUDIO, LLC

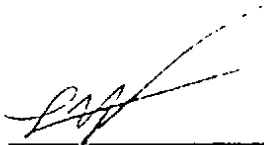
SECOND: The Florida Document number of the limited liability company is: L21000010989

THIRD: The date of filing of the initial articles of organization is: 01/04/2021

FOURTH: The date of filing of the dissolution is: 10/23/2021

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

All activities and affairs have been concluded, thus we file for termination.



Signature of Authorized Representative

Luis Quiroz

Typed or printed name of signature

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

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