L21000 361 462

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



800408990178

ALLAHASSEE, FINE

CHAINOLESSE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Root Root Media LLC (Name of Limited Liability Company)			
(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:			
Ryan DeForest (Name of Person)			
(Name of Person)			
(Firm/Company)			
766 NE NOITH word Dr.			
Mayo, F.L. 32066 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Ryan DeForest (Name of Person)	at (352) 672 - 2082		
(Called Color Colo			
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	Street Address: Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	ng Roots media LLC	
2. The Articles of Organization		gned
document number <u>L2</u>	1000361462	
(effective Note: If the date inserted in t	he dissolution if not effective on the date of filing:	received for filing) s, this date will not be
4. A description of occurrence 605.0707, Florida Statutes. (that resulted in the limited liability company's dissolution p copy 605.0707 on back cover letter).	oursuant to section
Did	not Do onything	
- Wit	h business	
5. If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up	the company's SN
	Ryan DeForest	T PE I
	766 NE Northwood Dr	S A C
	mayo. F.L. 32066	<u> </u>
6. Signature of an authorized pabove to wind up the company	person or if there are no members, the signature of the person is activities and affairs:	appointed and listed
July July Manature	Rycen De Fo	rest
	FILING FEE: \$25.00	