

L21000535127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

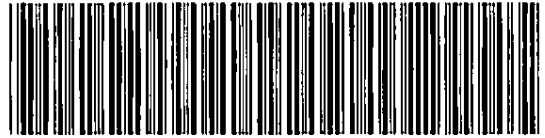
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900382640259

2022 MAR -1 PM 9:16

FILED IN COURT 100A

2022 MAR -1 PM 1:45

FILED IN COURT 100A

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 3/1/22

NAME: GOLDY PRODUCTIONS LLC

TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attache

** File First **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDY 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:

CHERYL QUISENBERRY

(Name of Person)

PARKSTONE WEALTH MANAGEMENT, LLC

(Firm/Company)

1000 BALLPARK WAY SUITE 302

(Address)

ARLINGTON, TEXAS 76011

(City/State and Zip Code)

For further information concerning this matter, please call:

CHERYL QUISENBERRY

(Name of Person)

214

683-8212

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
GOLDY PRODUCTIONS, LLC

2. The Articles of Organization were filed on DECEMBER 29, 2021 and assigned
document number L21000535127

3. The delayed effective date the dissolution if not effective on the date of 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).
THIS LLC WAS FILED IN ERROR. THE LLC SHOULD HAVE BEEN FILED AS A FOREIGN LLC.

THIS LLC WAS FILED IN ERROR. THE LLC SHOULD HAVE BEEN FILED AS A FOREIGN LLC.

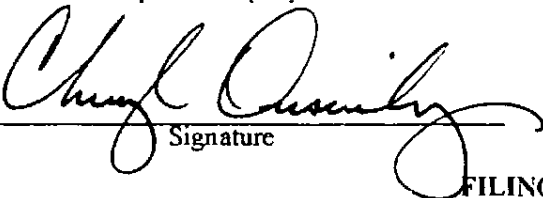
THIS LLC WAS FILED IN ERROR. THE LLC SHOULD HAVE BEEN FILED AS A FOREIGN LLC.

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

1000 BALLPARK WAY SUITE 302

ARLINGTON, TEXAS 76011

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

CHERYL QUISENBERRY

Printed Name

FILING FEE: \$25.00