

L220000518119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

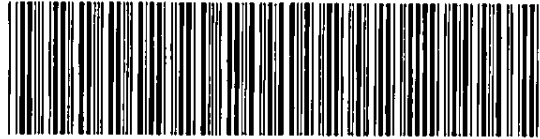
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700415026117

10/19/23--01003--006 **25.00

RECEIVED

FILED

2023 OCT 18 AM 10:37

2023 OCT 18 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 10/18

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

DISSOLUTION

1. WELKOM MEDIA GROUP LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 OCT 18 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
WELKOM MEDIA GROUP LLC

2. The Articles of Organization were filed on 12/09/2022 and assigned
document number L22000518119

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).
Discontinue business in Florida and relocating the business to New York

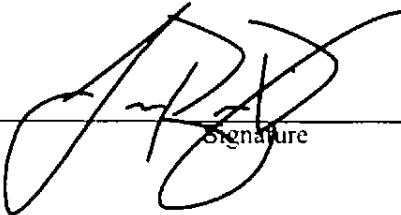
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Juan R Diaz Corniel

92-16 195th Pl

#1

Hollis, NY 11423

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

Juan R Diaz Corniel

Printed Name

FILING FEE: \$25.00