## NOU DODDOD 7942

(Re	questor's Name)	
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(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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03/20/15--01005--022 \*\*35.00

MILANDONE CONTAINS

MAR 2 0 2015

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLATION DOCUMENT NUMBER: NO400	Corporation	
DOCUMENT NUMBER:NOHOO	0007942	
The enclosed Articles of Dissolution and fee as	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Diane	Allen	
(Name of Contact Person)		
Living Sand Inc (Firm/Company)		
5717	15th Anna	
(Add	ress)	
St. Reter	ress) 3 bug FL 33710 and Zip Code)	
(City/State at	nd Zip Code)	
For further information concerning this matter,	please call:	
Diame Allen	"(7)7) 744-5857	
(Name of Contact Person)	at (727) 744-5852 (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$2 \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: lving Sound, Inc The document number of the corporation (if known): NO4 00000 794 SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) **SECTION I** If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted  $3 \cdot 16 \cdot 15$ . The number of votes cast by the members was sufficient for approval. ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. **SECTION II** If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was  $\frac{3/16/15}{15}$ . The number of directors in office was \_\_\_\_\_\_\_\_ and the vote for resolution was \_\_\_\_\_\_\_\_ for and \_\_\_\_\_\_\_\_ against. (Must be a majority vote) Effective date of dissolution, if applicable: 3'20.15

(no more than 90 days after dissolution file date) FOURTH Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

1 11100 501 1 000

Name of Corporation. Let one Sound Supplementations.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
there has been no activity and the
There has been no activity and the Board deems dissolition the best
aption.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Diane Allen
5717 15th Ave N.
St. Petersburg, FC 33710
J.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Drinted Name of the Person Filing

Name of the Person Filing

Signature of the Person Filing