

P15 0000 72225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

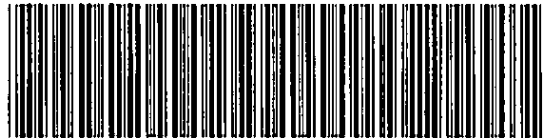
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/22/20--01023--014 **35.00

2020, 22 PM 5:15



September 21, 2020

Florida Department of State
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Taxpayer: Mykonos Music Publishing Corp.
Document #: P15000072225
RE: Entity Dissolution

Dear Sir or Madam:

The above-named Taxpayer was registered with the Florida Secretary of State and now respectfully requests that their registration be dissolved. HBK has included all required documentation as well as a check made payable to the Department of State for this dissolution.

If you have any questions and/or concerns please do not hesitate to contact me directly at cbaubie@hbkepa.com.

Sincerely,

A handwritten signature in black ink, appearing to be "C. Baubie".

Cassandra Baubie
Tax Advisory Group
Hill, Barth & King LLC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Mykonos Music Publishing Corp.

DOCUMENT NUMBER: P15000072225

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Andolfi

(Name of Contact Person)

Mykonos Music Publishing Corp.

(Firm/Company)

2201 Collins Avenue #1528

(Address)

Miami Beach, Florida 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Andolfi

(Name of Contact Person)

at (330) 8812608

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
Mykonos Music Publishing Corp.
- SECOND: The document number of the corporation (if known): P15000072225
- THIRD: The file date of the articles of incorporation: 08/27/2015
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LAURA ANDOLEFI
(Typed or printed name of person signing)

PRESIDENT
(Title of Person Signing)

Filing Fee: \$35

2015
AUG 27 PM 5:15

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. 607.1407, F.S.

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

Name of Corporation: Mykonos Music Publishing Corp.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name, Date, Nature of Claim, Amount

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

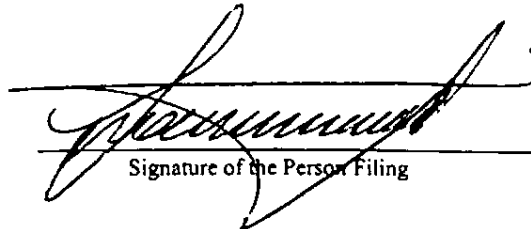
2201 Collins Avenue #1528

Miami Beach, Florida 33139

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.

LAURA ANDOLEI

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00