

LO8000038621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

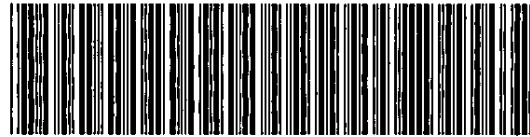
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/05/14--01013--023 \*\*25.00

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14 MAY -5 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 09 2014

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thirds Act 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:

Mariangelica Cuervo

(Name of Person)

~~XXXXXXXXXXXX~~

(Firm/Company)

11828 Gorham Avenue. Unit 3

(Address)

Los Angeles, CA 90049

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mariangelica Cuervo

(Name of Person)

at ( 917 ) 774-6677

(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Third Act LLC

2. The Articles of Organization were filed on April 17, 2008 and assigned

document number LO8000038621

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)

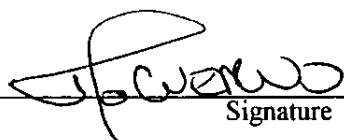
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Not enough business to have it open at  
the time. No need to have it.  
Thank you.

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

Mariangelica Cuervo  
11828 Gorham Ave. #3  
Los Angeles, CA 90049.

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

Mariangelica Cuervo  
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE  
ALABAMA  
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FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: Third Act LLC

Document number of Limited Liability Company is: LO8000038621

Date of dissolution was: ~~DEC 31 2013~~ 3/31/14

Description of information that must be included in a written claim:

The LLC Dissolution is for Third Act LLC  
and it must be for DEC 31-2013.

Thank you.

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

Mariangelica Cuervo  
11323 Gorham Ave #3  
Los Angeles, CA 90049.

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TALLAHASSEE, FLORIDA

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

Mariangelica Cuervo  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing