

A04000001003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

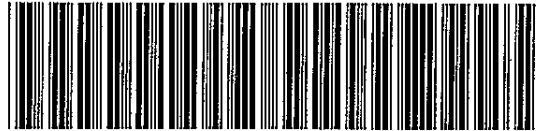
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wild Card Productions, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael J. Wagner  
(Contact Person)  
Wild Card Productions  
(Firm/Company)  
16233 SW 108 CT.  
(Address)  
Miami FL, 33157  
(City, State and Zip Code)

For further information concerning this matter, please call:

Michael J. Wagner at ( 305 ) 926-0661  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2006

MICHAEL J. WAGNER  
WILD CARE PRODUCTIONS, LLLP  
16233 SW 108 CT  
MIAMI, FL 33157

SUBJECT: WILD CARD PRODUCTIONS, LLLP  
Ref. Number: A04000001003

We have received your document for WILD CARD PRODUCTIONS, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 606A00001808

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

Wild Card Productions, L L P

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on April 13, 2004, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

Lack of Business

**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Mary Ann Wagner  
Mary Ann Wagner

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 JAN 30 PM 3:15

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Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

