## L02000019227

(Requestor's Name)	-
(inequestor's Name)	
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	
	•
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Cashing Calling)	
(Document Number)	-
•	
Certified Copies Certificates of Status	-
	_
Special Instructions to Filing Officer:	ı
grand to thing amount	
	ı
	L
	Y
<b>V</b>	1
I X	l
1000 000 110	ı
17991010101111111000	1
101,0101	1
Office Use Only	
Office Use Only	
~ V <sub>I</sub> /	
. n 1/2/1	
$\sim 10^{\circ}$	
10,7,1,	
<i>  [ ] \</i>	



700093688317

03/19/07--01033--022 \*\*35.00

7 JUL -2 PM 2:52
SECRETABLE OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Activity GAMES 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:
Name of Person)
(Firm/Company)
(Firm/Company)  SOS Del SHADA WAY  (Address)  KISSIMMER FL 34758  REST 22  REST 22
Kissimmel FL 34758 PM 25 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person)  CArter at (407) 343-8059  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S\$55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2007

JASON CARTER 505 DEL SHASTA WAY KISSIMMEE, FL 34758

SUBJECT: ACTIVITY GAMES LLC

Ref. Number: L02000019227

We have received your document for ACTIVITY GAMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 507A00019219

JUL -2 PH 2:52

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on	ility company's dissolution pursuant to section
3. The date the dissolution was approved:  4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	ility company's dissolution pursuant to section
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	ility company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover let	vility company's dissolution pursuant to section ter).
The board of managing member	
	is meet AND Becided
are to inactivity to	close the bis thess &
	100 A
5. CHECK ONE:	Du 10
All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts, of All remaining property and assets have been distributed an rights and interests.	obligations and liabilities pursuant to s. 608.4421.
7. CHECK ONE:  There are no suits pending against the company in	any court.
OR- Adequate provision has been made for the satisfac entered against it in any pending suit.	tion of any judgment, order or decree which may be
natures of the members having the same percentage of memb	ership interests necessary to approve the dissolution:
Signature	Printed Name
Jun Co	JASON Carter
Seddy Reyay ATA	Teddy Ci Ryzn III
Ilorah Vande	DEBORAH J. VANLUE
<u> </u>	

FILING FEE: \$25.00