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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: CLIFFHANGER LLC (Name of Limited Liability Company)							
(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:							
,	<u> </u>						
\sim							
CREGORY J. FN	PSON						
(Name	of Person)						
(Firm/	Company)						
222 KAREN AVE	: #3801						
(Ac	ldress)						
(Address) LAS VEGAS NV 89109							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Person) at (541) 425-0357 (Area Code & Daytime Telephone Number)							
(Name of Person)	(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 8							
CASSES. (A) I fining I co and Cortificate of Dissolution	Certified Copy (additional copy is enclosed)						
Mailing Address:	Street Address:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810						
	Tallahassee, FL 32303						

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name	e of a limited liabil	ity company is					
 -	CLIFFH	ANGER	LLC				
	cles of Organizatio					and assigne	:d
documen	it number <u>#</u>	<u> 10400</u>	00415	-86			
Note: If	yed effective date t (effective the date inserted in t the document's effec	his błock does no	ot meet the ap	plicable statute	ry filing r	ocument is receequirements,	cived for filing) this date will not be
4. A descrip 605.0707	ption of occurrence , Florida Statutes, (that resulted in copy 605.0707	the limited on back cov	liability comper letter).	any's dis	solution pur	suant to section
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	<u></u>	 -			<u></u>		702) Jin
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							<u>.</u>
5 If there a	are no members, en	tor the name and	d address of	the person an	pointed to	n wind un th	e company's $\overline{\mathbb{S}}$
	s and affairs:			EMPSC		o wind up ui	c company s in
activities	s and arrans.	-					
		222	KAREN	JAVE.	#3	801	
		/ As \/	/EC 15	NV	591	19	
		<u> </u>	<i>Σ</i> = (2/1) ₁ .	/ · · ·		(
				<u> </u>	 -		
6. Signatur	e of an authorized	person or if there	e are no mei	mbers, the sig	nature of	the person a	ppointed and listed
above to wi	nd up the company	s activities and	i allans.				
	OCa				_	_	
refor	In fam			GREGER	Printed	F-MPSO	<u>()</u>
/ //	Signature	.			rimiea	INAUTIC	
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