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SECRETARY OF STATE

TO: Registration Section Division of Corporations		·	
SUBJECT: Madhouze Entertainmen			_
(Name of L	Limited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are su	bmitted for filing.	:	
Please return all correspondence concerning this matter	er to the following:		
Kimberly M. Simon		•	
	(Name of Person)		<u>.</u> .
Formerly Madhouze Er	ntertainment, LLC	C	
	(Firm/Company)		
PO Box 171484			
	(Address)		
Hialeah, FL 33017			
(Cit	y/State and Zip Code)		
For further information concerning this matter, please	call:	1	
Kimberly M. Simon	at (407	592-2893	
(Name of Person)	(Area Code	& Daytime Telephone Number)	-
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton	CT/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

:
and assigned document number
· :
ity company's dissolution pursuant to section
npany under the same classification code
his reason, we would like to have our
gal problems in the future.
ability company have been paid or discharged. ligations and liabilities pursuant to s. 608.4421. Ing its members in accordance with their respective in accordance with the
Anthony L. Thompson Kevin M. Simon Kimberly M. Simon