L09000016708

(R	equestor's Name)	
(A	ddress)	
(Address)		
(C	ity/State/Zip/Phone#	7)
PICK-UP	☐ WAIT	MAIL
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TO APR 19 AM 8: 27

B. KOHR APR 2 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alpha Pro Wrestling, LLC (Name of Limited Liability Company)
Table 1 Table 1 Table 1 Table 1 Table 2 Tabl
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Jacobs (Name of Parson)
Michael Jacobs (Name of Person)
(Name of Person)
Alpha Pro Wrestling, LLC (Firmtompany)
(Firm Company)
32 10th Avenue (Address)
(Address)
Shalimar, Florida 32579 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael A. Jacobs at (850) 855-0755 (Name of Person) (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 \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee, \$\square\$ Certificate of Status & \$\square\$ (additional copy is enclosed) \$\square\$ \$40.00 Filing Fee, \$\square\$ Certificate of Status & \$\square\$ 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	10 To
2. The Articles of Organization were filed on April L09000016708	; 2009 and assigned document sumber
3. The date the dissolution was approved: April	15,2010
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	I liability company's dissolution pursuant to section er letter).
Company lost all clients	-
· · · · · · · · · · · · · · · · · · ·	
5. CHECK ONE:	
-OR-	nited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compar-OR- Adequate provision has been made for the sat entered against it in any pending suit.	isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name Robert G Governi JR Michael A. Jacobs
Dest 1	Michael A. Jacobs