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SLORETARY OF STATE
TALLAHASSEE, FLORIE

J. SAULSBERRY EXAMINER JUL 10 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		·	
	(Name of L	imited Liability Company)	
	losed Articles of Dissolution and fee(s) are su	· ·	
		,	
	Ryan Connolly	(Name of Person)	
		(Name of Ferson)	¥ 2
	Triune Films LLC		OIZ.
		(Firm/Company)	2012 JUL -9 SEGRETARY
	7101 Bryant Irving Rd	·	Mo L
•		(Address)	- (2)
	Fort Worth, TX 76162		& 20 PA/E ORIDA
	(Cit	y/State and Zip Code)	
For furth	her information concerning this matter, please	call:	
	Ryan Connolly	_{at (} 561 ₎ 601-889	94
	(Name of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed	l is a check for the following amount:		
	Filing Fee 30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURI	
	Registration Section Division of Corporations	Registration Section Division of Corpor	
	P.O. Box 6327	Clifton Building	utions
	Tallahassee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is TRIUNE FILMS LLC		
2. The Articles of Organization were filed on	04/15/2009	and assigned document number
3. The date the dissolution was approved: 07/	13/2012	
4. A description of occurrence that resulted in th 608.441, Florida Statutes, (copy 608.441 on b The company has been officially	e limited liability company ack cover letter).	
as of 07/01/2012 will no longer	<u> </u>	
 5. CHECK ONE: ✓ All debts, obligations and liabilities of OR-OR-Adequate provision has been made for the following of the following property and assets have been or rights and interests. 7. CHECK ONE: ✓ There are no suits pending against the OR-Adequate provision has been made for entered against it in any pending suit. 	or the debts, obligations and distributed among its member to be company in any court.	l liabilities pursuant to s. 608.4421.
ignatures of the members having the same percent	age of membership interest	,
Signature	$\widehat{\mathcal{D}}$.	Printed Name
	Nya	n D. Connolly SECRETARY
		AH & 20 OF STATE FLORIO

FILING FEE: \$25.00