

L09000103968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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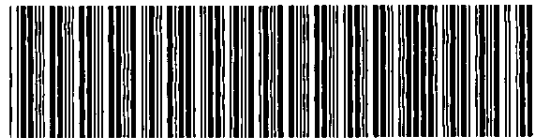
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -5 PM 1:44

MAR - 6 2013

T. HAMPTON

NO \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Falls Connection LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Graff

Name of Person

The Falls Connection LLC

Firm/Company

14814 Blue Egret Drive

Address

Cypress TX 77433-6609

City/State and Zip Code

fallsconnection@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Graff

Name of Person

at (832) 334-5910

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

RECEIVED
13 MAR -5 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 8, 2013

BARBARA GRAFF
14814 BLUE EGRET DR
CYORESS, TX 77433

SUBJECT: THE FALLS CONNECTION LLC
Ref. Number: L09000103968

We have received your document for THE FALLS CONNECTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00003208

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
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DIVISION OF CORPORATIONS
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1. The name of a limited liability company is
The Falls Connection LLC

2. The Articles of Organization were filed on October 27, 2009 and assigned document number
L09000103968

3. The date the dissolution was approved: September 1, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Discontinued publication of The Falls Connection LLC

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Barbara Graff

Barbara Graff