

L10000106180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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2015 OCT -5 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT -7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arch Madness, LLC

(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:

Jackie Audette

(Name of Person)

Arch Madness, LLC

(Firm/Company)

PO Box 8550

(Address)

Coral Springs, FL 33075-8550

(City/State and Zip Code)

For further information concerning this matter, please call:


Jackie Audette

(Name of Person)

at (954) 441-5057

(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 &
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

FILED
2015 OCT -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Arch Madness, LLC

2. The Articles of Organization were filed on October 10, 2010 and assigned

document number L10000106180

3. The delayed effective date the dissolution if not effective on the date of filing: October 1, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The assets were sold and the business is no longer active.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Leon Silverstein, Partner

PO Box 8550

Coral Springs, FL 33075-8550

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Leon Silverstein, Partner

Printed Name

FILING FEE: \$25.00