# 1/20000/7972

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					





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01/11/16--01010--020 \*\*25.00

FILED

2016 JAN 11 PM 3: 59

K. SALY EXAMINER JAN 13 Daniel S. Galligan Attorney at Law, MBA Office: [414] 326-9456 dgalligan@mgbusinesslaw.com



Steven D. Mayer Attorney at law, CPA Office (414) 326-9455 smayer@mgbusnesslaw.com

### Mayer Galligan Law, Llc

January 6, 2016

PERSONAL & CONFIDENTIAL Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reel Business, LLC

#### Dear Sir/Madam:

I enclose for filing the Articles of Dissolution for Reel Business, LLC along with a copy of the Record of Action Taken by Consent of All Members of Reel Business, LLC documenting the dissolution pursuant to §605.0707 and §605.0701(2) of the 2015 Florida Statutes. I also enclose a check for \$25.00 to cover the filing fee.

Please return all of the signed original documents to me once the dissolution has been filed. If you have any questions regarding the enclosed forms please feel free to call my office.

Yours very truly

Steven D. Mayer

cc: Mr. Richard Almandi

#### **COVER LETTER**

	istration Section ision of Corporations		
CLID LECT	REEL BUSINESS, LLC		
SUBJECT:	(Name of Limit	ed Liability Compan	у)
The section of	A d'alan a C'Dinastalian and Cor(a) ann achaig	and for Clinic	
	Articles of Dissolution and fee(s) are submitt		
Please return	all correspondence concerning this matter to	the following:	
	Steven D. Mayer		
	(Nan	ne of Person)	
	Mayer Galligan Law, LLC		
	(Fire	m/Company)	
	788 North Jefferson Street, Sui	te 900	
	(	Address)	
	Milwaukee, WI 53202		
	(City/Sta	ite and Zip Code)	
For further in	nformation concerning this matter, please call:		
Steven D. Mayer			326-9455
	(Name of Person)	at ( Area Co	de & Daytime Telephone Number)
Enclosed is a	check for the following amount:		
■ \$25.00 Filing Fee and Certificate of Dissolution			g Fee, Certificate of Dissolution & opy (additional copy is enclosed)
	MAILING ADDRESS:		EET/COURIER ADDRESS:
	Registration Section	_	tration Section
	Division of Corporations P.O. Box 6327		ion of Corporations on Building
	Tallahassee, FL 32314	2661	Executive Center Circle hassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DI FOR		
,	A LIMITED LIABIL	ITY COMPANY	J
The name of a limited liab	vility company is		2016 JAN 11 PM
The Articles of Organization	on were filed on February 60	h, 2012	10000 1000
document number L12000	017972		
(effecti Note: If the date inserted in	the dissolution if not effect we date cannot be prior to or more this block does not meet the a ective date on the Department of	than 90 days later than date de pplicable statutory filing re	ocument is received for filing) quirements, this date will not be
A description of occurrente 605.0707, Florida Statutes Consent of all members purs	, (copy 605.0707 on back-co	I liability company's dis ver letter).	solution pursuant to section
	•		,
If there are no members, e	enter the name and address o	f the person appointed to	o wind up the company's
Signature of an authorized sted above to wind up the c	d person or if there are no moompany's activities and affa	embers, the signature of irs:	the person appointed and
12.6	100 h	Richard	Almandi
(DESKAPAK)	Mana	VICTUI O	. Monagan

**FILING FEE: \$25.00**