

L12000074688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

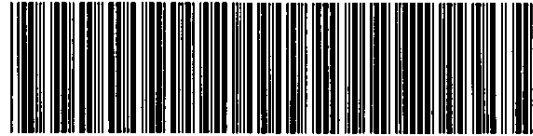
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECORDS OF STATE
TALLAHASSEE FLORIDA

APR 04 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOWCODE 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:

NATHAN ALESKOVSKY

(Name of Person)

SHOWCODE LLC

(Firm/Company)

9191 N LIMA ROAD, UNIT 56D

(Address)

POLAND, OH 44514

(City/State and Zip Code)

For further information concerning this matter, please call:

NATHAN ALESKOVSKY

(Name of Person)

at (

561

307-4534

(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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

SHOWCODE LLC

2. The Articles of Organization were filed on JUNE 5, 2012 and assigned

document number L12000074688

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

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 LLC HAS NO REMAINING MEMEBERS DUE TO RESIGNATION

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

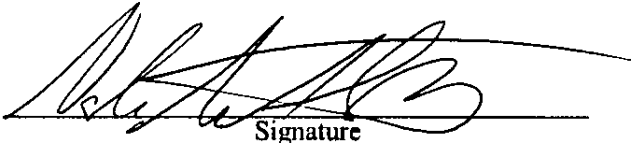
NATHAN ALESKOVSKY

9191 N LIMA ROAD, #56-D

POLAND, OH 44514

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2014 APR -2 1AM 10:52
CLERK OF STATE
TALLAHASSEE FLORIDA

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

NATHAN ALESKOVSKY
Printed Name

FILING FEE: \$25.00