

L12000078061

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SECURITY STATE  
TALLAHASSEE FLORIDA

J. Shivers MAR 18 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARIEL FILMS 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:

MARCO Q. ROSSI, ESQ.

(Name of Person)

MARCO Q. ROSSI & ASSOCIATI PLLC

(Firm/Company)

48 WALL STREET, SUITE 1100

(Address)

NEW YORK NY 10005

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO Q. ROSSI, ESQ. at (212) 918-4875

(Name of Person)

(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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARIEL FILMS LLC

**DOCUMENT NUMBER:** L12000078061

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARCO Q. ROSSI, ESQ.**

(Name of Contact Person)

**MARCO Q. ROSSI & ASSOCIATI PLLC**

(Firm/Company)

**48 WALL STREET SUITE 1100**

(Address)

**NEW YORK NY 10005**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MARCO Q. ROSSI, ESQ.** at **(212 ) 9184875**

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
ARIEL FILMS LLC
2. The Articles of Organization were filed on JUNE 12, 2012 and assigned  
document number L12000078061
3. The delayed effective date the dissolution if not effective on the date of 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).  
CONSENT OF ALL OF THE MEMBERS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



Printed Name

MARCO MARZOCCA CUNI

**FILING FEE: \$25.00**

FILED  
JUN 17 2012  
TALLAHASSEE, FLORIDA