

L13000010402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400292138874

12/05/16--01049--010 **80.00

FILED
2016 DEC -5 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC - 6 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rebounderz Development 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:

Melvin Horn

(Name of Person)

Rebounderz Franchise + Development

(Firm/Company)

605 Hickman Circle

(Address)

Sanford FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Melvin Horn

(Name of Person)

at (321) 222 1300 ex 101

(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
2016 DEC -5 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Rebounderz Development LLC

2. The Articles of Organization were filed on 01/22/2013 and assigned

document number L13000010402

3. The delayed effective date the dissolution if not effective on the date of filing: 11/1/2016
(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).

Company is being terminated. There are no
assets or liabilities.

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

Melvin Horn
605 Hickman Circle
Sanford FL 32771

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

Mark Gurley
Printed Name

FILING FEE: \$25.00