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(Re	questor's Name)	_	
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SECRETARY OF STATE

D. SCOTT

DEC 8 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Statement OF Termination Resounders Development LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Termination and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melvin Horn Name of Person
Resounderz Franchise + Development Firm/Company
Address
Sanford FC 32771 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meluin Horn at (30) 222 1300 ex /0/ Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building Tallahassee, Florida 32301 ALLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I here	eby submit the follow	ving Statement of Term	ination:
FIRST: The name of the limited liability company is:	Resounderz	Development	LLC
		,	
		-	
SECOND: The Florida Document number of the limit	ed liability company	is: <u>L130000/0</u>	402
THIRD: The date of filing of the initial articles of orga	anization is: 01/3	22/2013	
FOURTH: The date of filing of the dissolution is:	191/2016		<u></u> .
	,		
FIFTH: This limited liability company has completed	winding up its activi	ities and affairs and has	determined
that it will file a statement of termination.			
01 [] 1-			
	Mark Gurles		
Signature of Authorized Representative Typed	d or printed name of s	signature	
			•
•	ee: \$25.00 \$30.00 (optional)	TALL TALL	riy I
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