

43 0000 63618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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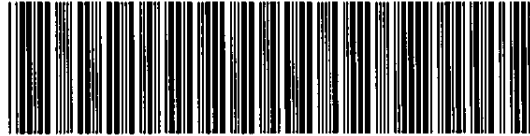
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY -7 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 01007 MAY 13 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE SHOW PONY, 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:

LINDSEY OWENS  
(Name of Person)

—  
(Firm/Company)

4990 KEY LIME DRIVE #104  
(Address)

JACKSONVILLE, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDSEY OWENS at ( 407 ) 491-8698  
(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

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

1. The name of a limited liability company is

THE SHOW PONY, LLC

2. The Articles of Organization were filed on 5/1/2013 and assigned

document number L13000063618

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 SHOW PONY, LLC IS BEING DISSOLVED DUE

TO A DESIRE TO PURSUE OTHER OPPORTUNITIES BY

THE OWNER.

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

LINDSEY OWENS

4990 KEY LIME DRIVE #104

JACKSONVILLE, FL 32256

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

LINDSEY OWENS  
Printed Name

**FILING FEE: \$25.00**

15 MAY - 7 AM 10:27  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA