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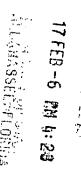
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

# RODEON PRODUCTIONS 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:

William J Jones				
(Name of Person)				
(Firm/Company)				
379 NE 94th STREET				
(Address)				
MIAMI SHORES, FL 33138				
(City/State and Zip Code)				

For further information concerning this matter, please call:

William J Jones	305 \ 510-2468	
(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 liabil RODEON PRODUCTIONS L					
2.	The Articles of Organization	n were filed on August 7, 2013	and assigned			
	document number L130001	2059				
3.	Note: If the date inserted in t	the dissolution if not effective on the date of filing:  December 31, 2016  The date cannot be prior to or more than 90 days later than date document is received for filing)  This block does not meet the applicable statutory filing requirements, this date will not be active 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).					
	Sole service provider (consulta	nt) for LLC got permanent employment				
			de la companya de la			
			337 EB			
			C TO			
5.	If there are no members, en	er the name and address of the person appo				
	activities and affairs:	William J. Jones	20 E			
		379 NE 94th Street				
		Miami Shores, FL 33138				
6. li	Signature of an authorized parts above to wind up the cor	person or if there are no members, the signa npany's activities and affairs:	ture of the person appointed and			
	Willer	William J Jones				
	Signature	I	Printed Name			
	IXI	FILING FEE: \$25.00				