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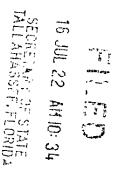
(Requestor's Name)	
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J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

ZOHAR PRODUCTIONS, LLC

SUBJECT:

(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:

MICHAEL VIERA, ESQ.

(Name of Person)

MICHAEL VIERA PA

(Firm/Company)

4770 BISCAYNE BLVD. SUITE 900

(Address)

MIAMI, FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL VIERA

_{...}786

200-4705

(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 ZOHAR PRODUCTIONS, LL						
	ZORAK PRODUCTIONS, EL					<u> </u>	
2.	The Articles of Organization	were filed on $\frac{3/21/201}{}$	6	and assigne	ed		
	document number L1600005	6696	<u> </u>				
3.	The delayed effective date the defective	ne dissolution if not effi date cannot be prior to or mo	ective on the date of filing the street than 90 days later than date	ng: 7/29/2016 document is rec	eived for f	iling)	
	Note: If the date inserted in the listed as the document's effect	his block does not meet th	e applicable statutory filing	requirements, t	his date v	vill not b	ie
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limicopy 605.0707 on back	ted liability company's c	dissolution pur	rsuant to	section	I
	MEMBERS AGREED TO STO	OP PERFORMING THE I	BUSINESS OF THE COM	PANY.			
5.	If there are no members, ent	er the name and addres	s of the person appointed	l to wind up th	ne compa	ny's	
	activities and affairs:	ctivities and affairs: JULIO PALOMERA C/O MICHAEL VIERA PA					
		4770 BISCAYNE BLVD.SUITE 900					
		MIAMI, FL 33137	· · · · · · · · · · · · · · · · · · ·				
		<u></u>			The CO		
6. lis	Signature of an authorized pattern above to wind up the con	erson or if there are no npany's activities and a	members, the signature of fairs:	of the person a		d and	e anga H
	(),				A88	. 22	- P. T.
^	domer		JULIO PALOMERA		19 mm	<u> </u>	3 5
	Signature	,	Printe	ed Name	SS	Ö	10 C. S.
		FILING	FEE: \$25.00		24	(ب	