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L17000141289

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 12016000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

**LLC DISSOLUTION OR WITHDRAWAL
ALAMO DRAFTHOUSE FORT MYERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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APR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alamo Drafthouse Fort Myers, 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:

Missy Reynolds

(Name of Person)

Alamo Drafthouse Cinemas

(Firm/Company)

612 A East 6th Street

(Address)

Austin, TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Missy Reynolds

(Name of Person)

at (512) 861-7095

(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
Alamo Drafthouse Fort Myers, LLC
2. The Articles of Organization were filed on June 29, 2017 and assigned
document number L17000141289
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)
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).
The dissolution was made by the vote of all of the members.

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

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:

David J. Kennedy

431870170DED482...

David J. Kennedy

Signature

Printed Name

FILING FEE: \$25.00

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