

L18000148154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

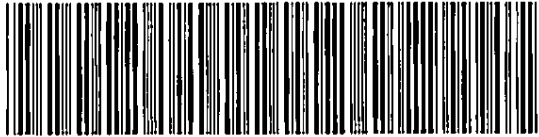
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/26/19--01017--010 \*\*25.00

19 MAR 26 PM 4:11  
2019 MAR 26 AM 9:29  
SECRETARY OF STATE  
FALL ARIZONA REGISTRATION  
APPROVED AND FILED

4/6/20  
S.T.

**CORPORATE  
ACCESS,  
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**WALK IN**

**PICK UP:** 03/26/19

**CERTIFIED COPY**

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**DISSOLUTION**

1. **ICONIC FAMILY ENTERTAINMENT, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. The name of a limited liability company is  
Iconic Family Entertainment, LLC

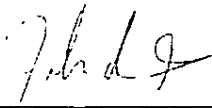
2. The Articles of Organization were filed on 06/15/2018 and assigned  
document number L18000148154

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).  
Managers and members have decided to shut down business

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

  
\_\_\_\_\_  
Signature

John Dunlap, Manager

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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