

L17000025497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

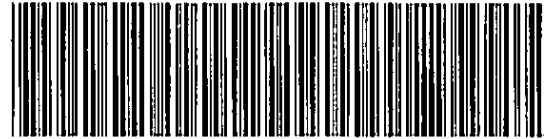
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/15/19--01011--005 **25.00

FILING CANCELLED
DUE TO RETURNED CHECK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2019 FEB 15 PM 4:52

FEB 20 2019
C. McNAIR

FILING CANCELLED
DUE TO RETURNED CHECK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Last Call Entertainment, LLC
(Name of Limited Liability Company)

2019 FEB 15 PM 4:53
SECRETARY'S OFFICE
TALLAHASSEE, FL 32301

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Crymes

(Name of Person)

Last Call Entertainment, LLC

(Firm/Company)

42 Linzy Store Road

(Address)

Crawfordville, FL 32327

(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Crymes

(Name of Person)

at (386) 208-3678

(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

FILING CANCELLED

DUE TO RETURNED CHECK

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2018 FEB 15 PM 4:53
RECEIVED
SECRETARY OF STATE
TALLAHASSEE

1. The name of a limited liability company is
Last Call Entertainment, LLC

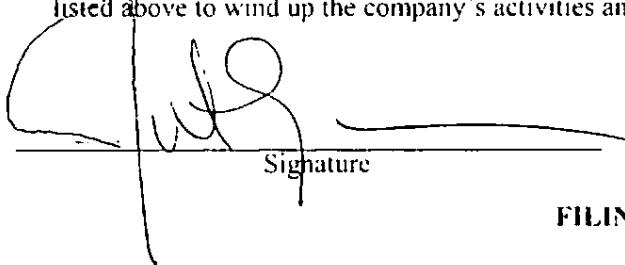
2. The Articles of Organization were filed on 02/01/2017 and assigned
document number L17000025497

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 members met and voted to dissolve the company due to lack of income.

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:


Signature

Justin Crymes
Printed Name

FILING FEE: \$25.00