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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | me) |
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| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Banquet and Event Elegance, LLC (Name of Limited Liability Company) |
| (Name of Ellinted Elability Company) |
| |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| · |
| Carmine E. Ghastafeste (Name of Person) |
| . , |
| Banquet and Event Elegance, LLC |
| 6501 West Commercial Blud |
| Tamarac, FL 33319 (City/State and Zin Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| Carmine E. Guastafrete at (954) 726-0346 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee 30.00 Filing Fee & Certificate of Status 555.00 Filing Fee & Certificate of Status 60.00 Filing Fee, Certificate of Status 60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| MAIL BIG ADDDESS. |

MAILING ADDRESS:

TO:

Registration Section

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