

LOS00091805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JAN - 7 AM 11: 13

J. Shivers | JAN 12 2015

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2015

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: SEVENDUST TOURING, LLC
Ref. Number: L05000091805

We have received your document for SEVENDUST TOURING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00000358

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NOT INTENDED
TO ACKNOWLEDGE
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ACCOUNT NO. : I20000000195
REFERENCE : 450396 4382499
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25,000

ORDER DATE : January 6, 2015
ORDER TIME : 9:10 AM
ORDER NO. : 450396-005
CUSTOMER NO: 4382499

DOMESTIC FILINGS

NAME: SEVENDUST TOURING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Sevendust Touring, LLC

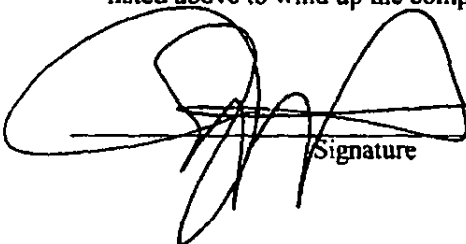
2. The Articles of Organization were filed on 9/12/2005 and assigned
document number _____

3. The delayed effective date the dissolution if not effective on the date of filing: Upon filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 company went out of business.

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

John Connolly - Managing Member

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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