

LU6000076847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

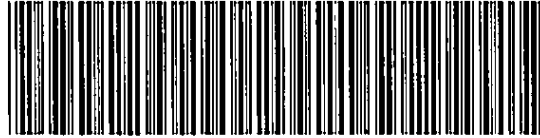
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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10/15/18--01007--014 **25.00

FILED
18 OCT 15 PM 3:50
STATE OF FLORIDA
TALLAHASSEE

K SALLY

OCT 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Pacha Events**

(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:

Sergio Vera

(Name of Person)

Pacha events

(Firm/Company)

700 nw 83rd pl

(Address)

boca raton fl 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

sergio vera

(Name of Person)

at **954 4898212**

(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**

FILED
18 OCT 15 PM 3:50
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Pacha Events

2. The Articles of Organization were filed on 08/03/2006 and assigned

document number L06000076847

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)

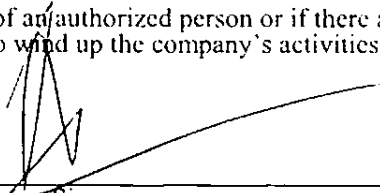
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

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

SERGIO VERA
Printed Name

FILING FEE: \$25.00