

L07000093936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

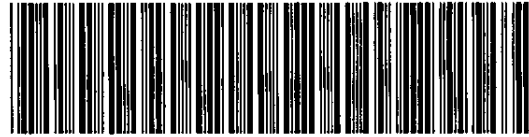
(Business Entity Name)

(Document Number)

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

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2014 JAN -6 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 10 2013  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A+1 Party Rentals, L.L.C.  
(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:

Deborah W. Schepper  
(Name of Person)

(Firm/Company)

5420 Shamrock St  
(Address)

Milton FL 32570  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Schepper at (850) 554-5489  
(Name of Person) (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

ok # 1545 enclosed  
\$25.00 fee

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

1. The name of a limited liability company is

A+1 Party Rentals LLC

2. The Articles of Organization were filed on Sept. 14, 2007 and assigned  
document number LO7000093938

3. The delayed effective date the dissolution if not effective on the date of 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).

Lack 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:

Deborah U. Schepper  
5420 Shamrock St  
Milton, FL 32570

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

Printed Name

Deborah U. Schepper

Deborah U. Schepper

**FILING FEE: \$25.00**

**FILED**  
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