08000041220

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EVENTS PUNTA GORDA LLC (Name of Limited Liability Company)
(and or animal analogy company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANY DWYER (Name of Person)
EVENTS PUNTAGORDA UC
5699 RIVERSIDE DRIVE
PUNTA GORDA FL 33982 (City/State and Zip Code)
The forther information concerning this matter places calls.
For further information concerning this matter, please call: ANY DWFR at (QUL) 575-U393 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 MAY -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 19, 2011

AMY DWYER 5655 RIVERSIDE DR PUNTA GORDA, FL 33982

SUBJECT: EVENTS PUNTA GORDA LLC

Ref. Number: L08000041220

We have received your document for EVENTS PUNTA GORDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00009381

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 MAY -2 AM Bi 16 The name of a limited liability company is and assigned document number 2. The Articles of Organization were filed on 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter). 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. -OR-Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421. 6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. 7. CHECK ONE: There are no suits pending against the company in any court. Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit. Signatures of the members having the same percentage of membership interests necessary to approve the dissolution: Printed Name Signature