

L 09000064059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASM PLAYBOY, LLC
(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:

Brittany Abbass
(Name of Person)

(Firm/Company)

5036 Dr. Phillips Blvd. # 314
(Address)

Orlando, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Brittany Abbass at (310) 623 0963
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2014

Brittany Abbass
5036 Dr. Phillips Blvd. #314
Orlando, FL 32819

SUBJECT: ASM PLAYBOY, LLC
Ref. Number: L09000064059

We have received your document for ASM PLAYBOY, 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 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.

Elliott R McCaskill
Registration Specialist II

Letter Number: 814A00017701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

_____ ASM Playboy, LLC _____

2. The Articles of Organization were filed on 7/2/2009 and assigned

document number LO9000064059

3. The delayed effective date the dissolution if not effective on the date of filing: 9-1-14
(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).

_____ An event or circumstance that the operating agreement _____
_____ states causes dissolution. _____

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

Brittany Abbess

Printed Name

FILING FEE: \$25.00.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA