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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only) Cattor Epil Trono II)						
PICK-UP WAIT MAIL						
(Duning and Entitle Manne)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300261622863

07/02/14--01007--012 **30.00



COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Events by Tvy 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:						
Tvy A. Willing (Name of Person)						
(Firm/Company)						
Z118 W. Dekle Avenue (Address)						
Tampa FL 33606 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Ty A. Willing at (B13) 258-0941 (Name of Person) at (B13) 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

1. The name of a limited liabi	lity company is			
<u>Buents</u>	by Ivy			•
2. The Articles of Organizatio	· · -	uly 6, 2009	and assigned	l
document number <u>L</u> oc	1000065062	·		
3. The delayed effective date (effective	the dissolution if not elected the characteristics that the cannot be prior to or r	ffective on the date of f more than 90 days later than	lling: date document is recei	ved for filing)
4. A description of occurrence 605.0707, Florida Statutes,	(copy 605.0707 on bac	k cover letter).	•	
No longer b	naving busi	iness in th	a state (> 7 ,
Florida oran				•
	J)	
				
				
5. If there are no members, en	ter the name and addre	ess of the person appoin	ited to wind up the	company's
activities and affairs:	Lvy A.	Willing		
	2118 W	. DeKle A.	venue	
	Tanga	JL 3360	۵6	
	813 25	14 PO-8	\$.	· ;
6. Signature of an authorized listed above to wind up the con	person or if there are n mpany's activities and	o members, the signaturaffairs:	re of the person ap	pointed and
				- rs
Jun d. Wil	Ulia	エッ	A. Will	ina 🖽
Signature		Płi	nted Name	· · · · · · · · · · · · · · · · · · ·
\bigcirc	FILING	FEE: \$25.00		් පු : පු : '