# U09 000 105 277

(Requestor's Name)
(Address)
(Address)
( National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400201995074

03/28/11--01063--006 \*\*35.00

04/18/11--01023--021 \*\*25.00

PILEU 2011 APR 19 PM 1: 00 SECRETARY OF STATE

T. CLINE
APR 20 2011

**EXAMINER** 



March 31, 2011

VINCENT CALABRESE 607 ROYAL CREST WAY BRANDON, FL 33511

SUBJECT: CENTERPIECE PHOTOGRAPHY AND EVENTS, LLC

Ref. Number: L09000105277

We have received your document for CENTERPIECE PHOTOGRAPHY AND EVENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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, pleases (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 911A0000779

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Centerpiece Photography and Events
(Name of Limited Dability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Calabrese
(Name of Person)
Centerpiece Photosphy and Events
1007 hoval Centural
(Address)
Blanden Fl 335(1 (City/State and Zip Code)
(Chyrsiale and Zip Code)

For further information concerning this matter, please call:

(Name of Person)	at (S 3) 73 (Area Code & Daytime	t-2136 Telephone Number PS	_
Enclosed is a check for the following amount:  \$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing SOR, AHAS SOR, Certificate of States of Certified Copy (additional copy is carelosed Copy in Copy	7

#### 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 liability company is	
Contexpiece Lyptograph	y and Events.
2. The Articles of Organization were filed on	and assigned document number
·	
3. The date the dissolution was approved:	2011
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	liability company's dissolution pursuant to section r letter).
unable to attract en	rough business to
Stay open	<b>.</b>
5. CHECK ONE:	
	ited liability company have been paid or discharged.
OR- Adequate provision has been made for the deb	ts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distributed rights and interests.</li> </ol>	d among its members in accordance with their respective
7. CHECK ONE:	ORE AH
There are no suits pending against the compan	y in any court.
OR- Adequate provision has been made for the sati	sfaction of any judgment, order or decree willigh maggibe
entered against it in any pending suit.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Signatures of the members having the same percentage of me	
Signatures of the members having the same percentage of the	embership interests necessary to approve the dissolution.
Signature	Printed Name
Van Colan	Vincent Calabrese
Joria Barmonde	Gloria Raimonde

FILING FEE: \$25.00