

L100000 97100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JAN -2 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** World Show Services 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:

Oliver Huttner

(Name of Person)

Management Tax Consulting Inc

(Firm/Company)

4430 Orchid Blvd Ste 202

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Oliver Huttner

(Name of Person)

239

at (

645-4208

(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**

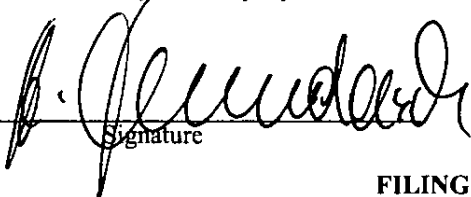
1. The name of a limited liability company is  
World Show Services LLC
2. The Articles of Organization were filed on 05/27/2010 and assigned  
document number L10000057100
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior 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).

The partners of the company decided to close the business as of December 31, 2014.

The LLC is no longer doing 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: Skip Day  
8 Old Route 72  
P.O. Box 153  
Harwinton, CT 06791

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

Horst Tondasch

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

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