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(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	A
SUBJECT: At LOST Special (Name of Limited Liability)	ath Elent Planning
The enclosed Articles of Dissolution and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to the follo	wing:
Juerie A W	
A Cast Spece	10/18 Event Planning
500 UK JU Kange (Address)	Dr.
Aubumdale fc 3 (City/State and Zip	3023 (Code)
(0.5)	, , ,
For further information concerning this matter, please call:	
Walene walk at (Name of Person)	(Area Code & Daytime Telephone Number)
Certificate of Status Certi	Filing Fee & S60.00 Filing Fee, Gertificate 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

1. The name of a limited liability company is At Last Spelial Eve	nt Panning, LLC
2. The Articles of Organization were filed on 6-4-10	and assigned document number
3. The date the dissolution was approved: 4-20-11	······
4. A description of occurrence that resulted in the limited liability cor 608.441, Florida Statutes, (copy 608.441 on back cover letter).	mpany's dissolution pursuant to section
All debts, obligations and liabilities of the limited liability OR- Adequate provision has been made for the debts, obligation 6. All remaining property and assets have been distributed among its rights and interests. 7. CHECK ONE: There are no suits pending against the company in any council Adequate provision has been made for the satisfaction of a entered against it in any pending suit.	ns and liabilities pursuant to s. 608.4421. members in accordance with their respective
Signatures of the members having the same percentage of membership in	nterests necessary to approve the dissolution:
Signature La L	Printed Name UNEVIE UNISL

FILING FEE: \$25.00