1000013380

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
. PICK-UP	WAIT	MAIL
. (Bus	iness Entity Nam	e)
(Doc	eument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	,	

Office Use Only



300285279573

05/02/16--01014--008 **25.00

SECRETARY OF STATE

MAY 03 2016 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: Southern Style Catern 3 Events (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:		
Jereny Mone (Name of Person) Southern Style Controls Events (Firm/Company) Le C + 1 North Palaba St (Address) Puls acola, FC 2252 of (City/State and Zip Code)	16 MAY -2 PM 4: 56	SECRETARY OF STATE TALLAHASSEE, FLORID
For further information concerning this matter, please call:		"D•
Jeren Usane at (*50) 232-2307 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsup \\$55.00 \text{ 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
	Southern Style Cabing & Eurs
2.	The Articles of Organization were filed on and assigned
	document number <u>U00000 73380</u>
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) Note: If the data inserted in this block days not most the applicable statutors filing requirements this data will not be
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	Closed by mess file to Remine 2 PM 4: 56
	ណី
	σ · ·
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
lis	ted above to wind up the company's activities and affairs:
	Jean Man
	Signature Printed Name

FILING FEE: \$25.00