

L10000113040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

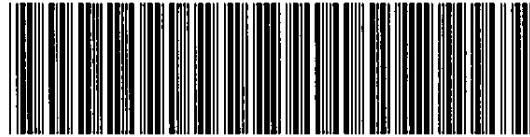
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dis

Office Use Only



400257771664

03/24/14--01009--014 **25.00

FILED

2014 MAR 24 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Extraordinary Weddings & Events By CIE

(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:

Claudia Andrea Cowan

(Name of Person)

Extraordinary Weddings & Events By CIE

(Firm/Company)

P.O. BOX 57173

(Address)

Jacksonville, Florida 32241

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Andrea Cowan

(Name of Person)

904

708-5627

at

(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:

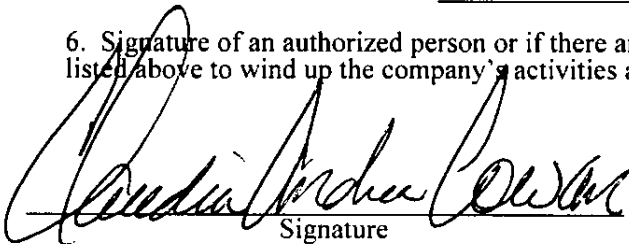
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Extraordinary Weddings & Events By CIE
2. The Articles of Organization were filed on 10/29/2010 and assigned
document number L10000113040
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).
Close the 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: _____

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

Claudia Andrea Cowan
Printed Name

FILING FEE: \$25.00

2014 MAR 24 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED