LIUUONTIU

(Re	questor's Name)	
(Ad	dress)	
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(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
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2018 NAR IT A ID 41

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Further Seems Forever Touring 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:

Chad J. Neptune	
(Name of Person)	
Hard 8 Management	
(Firm/Company)	
1709 19th Avenue S.	
(Address)	
Nashville, TN 37212	

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly M. Whelan

(Name of Person)

615, 242-27

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Further Seems Forever Touring LLC
2.	The Articles of Organization were filed on and assigned
	document number L11000027290
١,	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 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.
.6	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 consent of all the members to terminate the business in the Florida state
,	
i.	If there are no members, enter the name and address of the person appointed to wind up the company's
i	activities and affairs:
	idiri -
st	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
/	Med Dominguez Frether SEGUS FORM

FILING FEE: \$25.00