

#L/1000053728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 FEB 28 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR - 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARKS WEDDINGS AND 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:

VICKI STARK
(Name of Person)

STARKS WEDDINGS AND EVENTS
(Firm/Company)

7422 ROUGH ROAD (Address) PREVIOUSLY 2780 N. RIVERSIDE DR. TPA FL. 33602

TAMPA, FLORIDA 33610
(City/State and Zip Code)

For further information concerning this matter, please call:

VICKI STARK at 813, 4930481
(Name of Person) (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

FILED
2014 FEB 28 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

STARK WEDDINGS AND EVENTS

2. The Articles of Organization were filed on 5-5-11 and assigned
document number L11000053728

3. The delayed effective date the dissolution if not effective on the date of 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).

NO BUSINESS

FOUND PERMANENT FULL TIME EMPLOYMENT

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: VICKI STARK

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

Printed Name

Vicki Stark

VICKI STARK

FILING FEE: \$25.00