

#L11000089711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 MAR -6 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAR -7 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Concert Productions 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:

Angela Delgado, CPA  
(Name of Person)  
QTA Associates Inc.  
(Firm/Company)  
665 SE 10th St #201  
(Address)  
Deerfield Beach FL 33441  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Delgado at (954) 224.2318  
(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 MAR -6 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Advanced Concert Productions LLC

2. The Articles of Organization were filed on August 1, 2011 and assigned  
document number LL1000089711

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

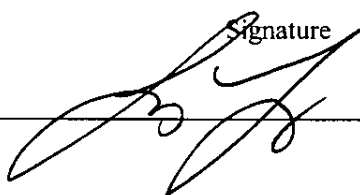
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company was sold on 7/31/2012

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



Printed Name

LUKAS TRACE

FILING FEE: \$25.00