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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Estates Estat, Table)
(Document Number)
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C. GOLDEN
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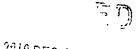
COVER LETTER

TO: Registration Section Division of Corporations	_
SUBJECT: A & C ELECT (Name of Limited	al Productions, UC Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Austa Cra	of Person)
·	
(Firm/C	Company)
1701 Rodeo T)rive
(Ad	
Tallahassee, F	P. 32311 and Zip Code)
For further information concerning this matter, please call:	
Austra Crawford (Name of Berson)	at (<u>850</u>) <u>404-4921</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
2 S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is
	A & C Elernal Production LLC
2.	The Articles of Organization were filed on 08 25 20 11 and assigned
	document number L 110000 971cle 3
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 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).
	Business is 810W
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
(Alusha Crawford Alisha Crawford
	Signature Printed Name

FILING FEE: \$25.00