

L12000105751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 18 2014

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free 888-692-5773 | Fax 818-979-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

June 18, 2014

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Full Circle Event Management LLC

Ladies and Gentlemen:

Please find enclosed for filing dissolution documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
23586 Calabasas Rd. Suite 102
Calabasas, CA 91302
ATTN: Post Formation Filings

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

1. The name of a limited liability company is
FULL CIRCLE EVENT MANAGEMENT LLC
2. The Articles of Organization were filed on 08/16/2012 and assigned
document number L12000105751
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).
upon the written consent of all the members of the limited liability company.

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

Jennifer Costello

Printed Name

Jennifer Costello, Member

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA