

**L12000127377**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

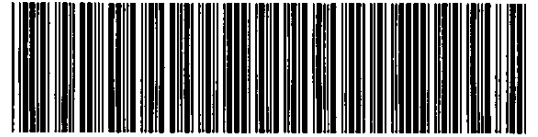
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**100261782921**

07/09/14--01008--006 \*\*25.00

2014 JUL -9 P 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

B. BOSTICK

JUL - 9 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DABKE ENTERTAINMENT, 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:

FADI KAYALI

(Name of Person)

DABKE ENTERTAINMENT, LLC

(Firm/Company)

10542 BERMUDA ISLE DR.

(Address)

TAMAP, FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

FADI KAYALI

(Name of Person)

at ( 813 ) 774-1534

(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

2014 JUL - 9 P 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

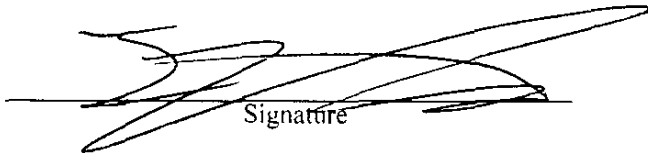
FILED

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

1. The name of a limited liability company is  
DABKE ENTERTAINMENT, LLC
2. The Articles of Organization were filed on 10/05/2012 and assigned  
document number L12000127377
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)
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 closed and no other activities are  
anticipated under the LLC in the future

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

Fadi Kayali  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
2014 JUL -9 P 3:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE