# L12000128454

(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



600264148826

09/15/14--01031--018 \*\*25.00

SEP 19 701k J. HARRIS

# **COVER LETTER**

Division of Corporations				
SUBJECT:	•			
(Name of Limited Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for	or filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
DANIELLE FREYRE				
(Name of Person)				
NOVU ENTERTAINMENT LLC				
(Firm/Company)				
501 KNIGHT RUN AVENUE # 2305				
(Address)				
TAMPA FL. 33602				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DANIELLE FREYRE	813 393-9880 at ()			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
<b>✓ \$25.00</b> Filing Fee and Certificate of Dissolution	<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>			

### MAILING ADDRESS:

TO:

Registration Section

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

1.	The name of a limited liability company is  N OVU ENTERTAINMENT LLC	•
2.	The Articles of Organization were filed on OCTOBER 3,2012 and assigned	
	document number <u>L12000128454</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 09/30/2014 (effective date cannot be prior to or more than 90 days later than date document is received to	for filing)
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	
		<b>14</b>
	LACK OF FUNDS	14 SEP
		<del>- 25 -</del> 2
		‡.
5.	If there are no members, enter the name and address of the person appointed to wind up the conactivities and affairs:	npany's
		<del></del>
		<del></del>
6. lis	Signature of an authorized person or if there are no members, the signature of the person appoints above to wind up the company's activities and affairs:	nted and
	amielle Preyre	
Ŋ		
v	Signature / Printed Name	

FILING FEE: \$25.00