114000070249

(Red	questor's Name)	
(Add	dress)	
- (Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500305624795

11/30/17--01006--009 **25.00

DEC 0 1 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PEKINGESE EVENTS (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:
ELIZABBYH TILLEY-PROCE (Name of Person) PEKINGESELVERIS (Firm/Company)
9455 SW 140 AVE
(Address) DUNNELLON FL 3443 (City/State and Zip Code)
For further information concerning this matter, please call: DETTY LUCY - LUCE at (401) 255 - 4643 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{S}}} \$25.00 \text{ Filing Fee and Certificate of Dissolution}\$ \$\sum_{\text{Certificate of Dissolution}} \$\sum_{Certificate o
MAILING ADDRESS: Registration Section Division of Corporations P.O. Pox 6327 Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Ruilding

P.O. Box 6327 Tallahassee, FL 32314

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
1 Repute (Reconstitute of Organization were filed on 24/30/14 and assigned
2. The Articles of Organization were filed on $24/32/4$ and assigned
2. The Articles of Organization were filed onand assigned
document number <u>L 140000 70 249</u>
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).
NO LONGER HOLDING DOG ROOM
SHOWS
5. If there are no members, enter the name and address of the person appointed to wind up the company \$
activities and affairs: ELIZABETHILLEY-POSEE
9435 SW 140 AVE
DUNNELLON FL 34432
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:
Scalette Filler Pack FIRMITICLE Proct
Signature Printed Name

FILING FEE: \$25.00