

214000155386

(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



300276843613

09/14/15--01012---002 **25.00

FILED

2015 SEP 14 P 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Covershows

(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:

Adrienne Rodgers

(Name of Person)

Covershows

(Firm/Company)

235 Third Avenue North #615

(Address)

St Petersburg, Florida, 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Adrienne Rodgers

(Name of Person)

at 415 8122214

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 14 P 1:39

FILED

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

1. The name of a limited liability company is

Covershows

2. The Articles of Organization were filed on Jan 1, 2015 and assigned

document number L14000188386

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).

Company is closing due to lack of clients.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

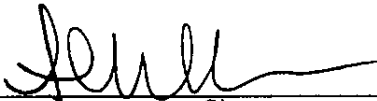
Adrienne Rodgers

235 3rd Ave. North #615

St Petersburg, FL

33701

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

Adrienne Rodgers

Printed Name

FILING FEE: \$25.00

2015 SEP 14 9 1:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED