

# L150000013160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED

2015 JUN 22 PM 2:39

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 24 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CELEBRATE LOVE EVENTS 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:

**SPYROS VLAMIS**

(Name of Person)

**AR ACCOUNTING & TAX SERVICES**

(Firm/Company)

**5497 WILES ROAD SUITE 202**

(Address)

**COCONUT CREEK FL 33073**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SPYROS VLAMIS**

(Name of Person)

at ( **954** ) **757-7100**

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2015 JUN 22 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CELEBRATE LOVE EVENTS LLC

2. The Articles of Organization were filed on 1/22/15 and assigned

document number L15000013160

3. The delayed effective date the dissolution if not effective on the date of filing: 6/12/15  
(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.

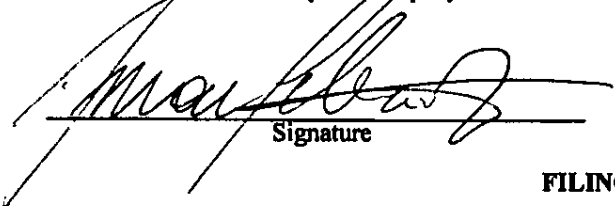
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO BUSINESS WAS CONDUCTED UNDER THIS LLC

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

SIMON SCHWARZ  
5497 WILEY RD # 202  
COCONUT CREEK, FL 33073

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

SIMON SCHWARZ

Printed Name

FILING FEE: \$25.00