

L15000023491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR 19 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandy Kane Event Productions
(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:

Sandra Kane
(Name of Person)

(Firm/Company)

518 SW 18th CT
(Address)

Ft Lauderdale Fl 33315
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandy Kane at (954) 260-8083
(Name of Person) (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
18 MAR 19 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Sandy Kane Event Productions LLC

2. The Articles of Organization were filed on Florida and assigned

document number L15006023491

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).

Voluntarily Dissolving the LLC due
to lack of financial and economically
non viable business

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:

Sandy Kane
Signature

Sandy Kane
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2018

SANDRA KANE
518 SW 18TH CT.
FT. LAUDERDALE, FL 33315

SUBJECT: SANDY KANE EVENT PRODUCTIONS LLC
Ref. Number: L15000023491

We have received your document for SANDY KANE EVENT PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00004481

RECEIVED
2018 MAR 20 AM 9:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA