# 1500043573

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
•	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/26/15--01009--006 \*\*25.00

5 JUN 26 PH 3: 4

JUN 2 9 2015 S. YOUNG

## **COVER LETTER**

Division of Corporations	
SUBJECT: a Evet Produtions 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:	
Note Horowth (Name of Person)	
(Name of Person)	
Note Horoute  (Name of Person)  Q Evel Polyulus  (Firm/Company)	
_	
PO BOX 131034	
(Address)	
Cleveland, OH 44118	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Note ( Syruhe at (216 ) 303-0800 5	
' (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	_
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)	C
유무 W	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Registration Section	
Division of Corporations  Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

# Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Q EVENT (OUVETIONS, LLC  Document number of Limited Liability Company is: L15 (000 42572	-
Date of dissolution was: 2/26/15	
Description of information that must be included in a written claim:	
CONVESSION Was done in error.	-
	-
	•
	r
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	 
PO BOX 181084  Clevelond old 44118  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	, <u> </u>
Cleveland old 44118	• ·

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is			
a Event Productions			•
2. The Articles of Organization were filed on 2/26//	5	and assigned	
document number <u>L15000042572</u>			
3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 da Note: If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of State's	ys later than date statutory filing	document is received	
4. A description of occurrence that resulted in the limited liability 605.0707, Florida Statutes, (copy 605.0707 on back cover letter	).	•	t to section
Conversion was done in	e 1001	company	<del> </del>
moved to Ohio.			
5. If there are no members, enter the name and address of the peractivities and affairs:	son appointed	I to wind up the cor	npany's
PU BOX 18108	4		
Cleveland Old 9	11118		
			· <del>U</del> 1
·		<u></u>	<u></u>
6. Signature of an authorized person or if there are no members, t listed above to wind up the company's activities and affairs:	he signature	of the person appoi	نسا ہے ا
		<u> </u>	
	h Hurtz	A DA	3 42
Signature	Printe	d Name	
FILING FEE: \$25.0	0		