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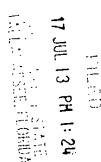
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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William Lander Communication of the contract o



S. WARREN JUL 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BASH, THE PAR	RTY NETWORK, LLC nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subni Please return all correspondence concerning this matter to	
4)	Same of Person)
(f	Firm/Company)
2858 N UNIVER	SITY DR (Address)
<u>CORAL SPRINGS</u>	5 FL 33065 State and Zip Code)
For further information concerning this matter, please ca	all:
(Name of Person)	at ()
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

l.	The name of a limited liability company is
	BASH, THE PARTY NETWORK, LLC
2.	The Articles of Organization were filed on NOV 16, 2015 and assigned
	document number <u>L 15000193727</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: MAY 31, 227 (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).
	CONSENT OF ALL MEMBERS -
	VOLUNTARY DISSOLUTION
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Signature LAURENCE ASSOULINE Printed Name
	PH INC PPP, 635 00

FILING FEE: \$25.00