

L190000 99729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

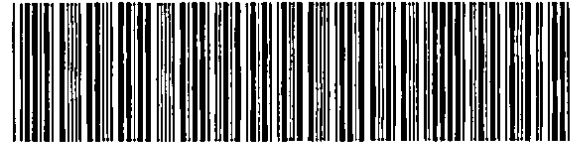
(Business Entity Name)

(Document Number)

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R. WHITE  
APR 09 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolving LLC  
\_\_\_\_\_

**DOCUMENT NUMBER:** L19000099729  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James A Steger  
\_\_\_\_\_

(Name of Contact Person)

Eventurum Capital  
\_\_\_\_\_

(Firm/Company)

4611 W San Miguel St  
\_\_\_\_\_

(Address)

Tampa, FL 33629  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

James A Steger  
\_\_\_\_\_

at (704-562-5547  
\_\_\_\_\_

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2020

JAMES A STEGER  
4611 W SAN MIGUEL ST  
TAMPA, FL 33629

SUBJECT: EVENTURUM CAPITAL, LLC  
Ref. Number: L19000099729

We have received your document for EVENTURUM CAPITAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 520A00006775

RECEIVED

APR 08 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Eventurum Capital 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:

James A Stager

(Name of Person)

Eventurum Capital LLC

(Firm/Company)

4611 W San Miguel St

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

James A Stager

(Name of Person)

at ( 704 ) 562-5547

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2020 -9 APR 51

1. The name of a limited liability company is

Eventuum Capital LLC

2. The Articles of Organization were filed on ~~07/07/2020~~ and assigned

document number L19000099729

3. The delayed effective date the dissolution if not effective on the date of filing: 4/5/2020  
(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).

All debts, obligations, & liabilities have been paid. No  
property was owned. There are no pending lawsuits.

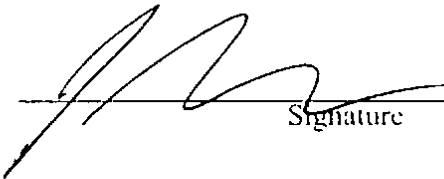
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

James A Steger

4611 W San Miguel St

Tampa, FL 33629

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

James A Steger  
Printed Name

**FILING FEE: \$25.00**