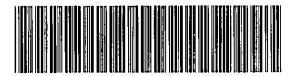
549049

(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:
Special instructions to a lining Officer.

Office Use Only



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U5/18/21--U1U18--UU5 ++35.UU

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RECEIVED

Letter Number: 221A00015006

RECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2021

LAURIE SACCONE 401 WILSHIRE BLVD #300 SANTA MONICA, CA 90401

SUBJECT: SHORT-TERM SPECIAL EVENTS, INC.

Ref. Number: S49049

We have received your document for SHORT-TERM SPECIAL EVENTS, INC. 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 FOREIGN CORPORATION, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

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.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

	ment Section n of Corporati	ons				
SUBJECT: S	hort-Term S _i	pecial Events	, inc.			
-			(Name	of Corporation)	
DOCUMENT	NUMBER:	S49049				
The enclosed w	ithdrawal ap	plication and	fee are su	bmitted for fill	ing.	
Please return al	l corresponde	nce concerning	this mat	ter to the follow	wing:	
	Laurie	Saccone				
	****	•	(Name	of Person)		
	Perr&l	Knight				
			(Firm/C	Company)		
	401 Wi	ilshire Blvd., #	¢300			
		<u> </u>	(Ad	dress)		
	Santa I	Monica, CA 9	0401			
		(C	ity/State	and Zip code)		
For further info	rmation conce	rning this matt	er, please	call:		
Laurie Sa	ccone		at (310) 88	39-0986	
(Name of Person)			(Area Code	& Daytime Telephone Number)		
Enclosed is a ch	eck for the an	nount:				
☑ \$35 Filing Fo		Filing Fee & eate of Status	Certifie	ed Copy ional copy is	Certificate of Status & Certific Copy (Additional copy is encl	
Division P.O. Box	nent Section of Corporation		П Т 2	treet Address: Amendment Sec Division of Cor The Centre of T 415 N. Monro Tallahassee, FL	porations 'allahassec e Street, Suite 810	

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Short-Term Special Events, Inc.						
SECOND:	The document number of the corporation (if known):						
THIRD:	The date dissolution was authorized:1/15/2021						
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution file date) 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.						
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.						
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Kimberly Tormey						
	(Typed or printed name of person signing)						
	President						
	(Title of person signing)						

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dis	solution" is optional and is n	ot required when filing a voluntary	dissolution.
Name of Corporation: Shor	-Term Special Events	s, Inc.	
		nd the effective date of a dissolutio	n is:10/1/21
	(date filed with the Dept. if date s	pecified in the Articles of Dissolution)	
Description of information tha	must be included in a claim:	:	
N/A			
Mailing address where written	claims can be sent: (Claims c	cannot be sent to the Division of Co	rporations)
505 Eagleview Boulevard, S	uite 100, Exton, PA 19341		
A claim against the above nam within 4 years after the filing o		unless a proceeding to enforce the	claim is commenced
Kimberly Torme	5À	olym Torne	y
Printed Name of	f the Person Filing	Signature of the Perso	on Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00



July 20, 2021

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

Re: Short-Term Special Events, Inc. – Withdrawal of Authority to Transact Business Letter Number – 221A00015006

Dear Rebekah.

On behalf of Short-Term Special Events, Inc., I hereby re-submit to your attention their withdrawal of authority to transact business application in Florida effective available. I attached a copy of the check that was sent with the original submission which I believe you are holding onto.

If you have any questions or need any additional information, please let me know.

Thank you.

Best Regards.

Laurie Saccone Licensing Analyst Perr&Knight

310-889-0986

lsaccone@perrknight.com