

LL6000040915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

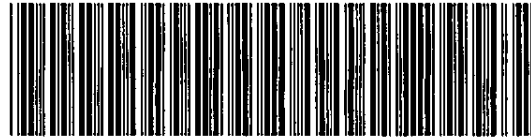
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 05 2016

J BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 229 NORTH TENNESSEE, 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:

DAVID RUBIN
(Name of Person)

229 NORTH TENNESSEE, LLC
(Firm/Company)

2025 BENFORD AVE
(Address)

LAKE LAND FL 33803
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID RUBIN at (813) 624 9827
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

229 NORTH TENNESSEE, LLC

2. The Articles of Organization were filed on 4/14/06 and assigned

document number LO6000040915

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).

SALE OF ASSETS (PROPERTY)

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

DAVID RUBIN

2025 BENFORD AVE

WEEKLAND FL 33803

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

DAVID RUBIN
Printed Name

FILING FEE: \$25.00

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CORPORATE STATE
FIDELITY AND SECURITY
CORPORATION

FILED

12/32/15

RE: Dissolution of LLC (229 NORTH TENNESSEE, LLC)

Florida Department of State:

I, David Rubin Managing Partner of 229 N Tennessee, acknowledge the dissolution of the Florida Corporation 229 North Tennessee LLC (EIN # 20-4755214) effective 12/31/2015.

Document Number: L06000040915



David Rubin
Managing Partner
Address:
2025 Benford Ave
Lakeland FL 33803
813-624-9827

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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