L10000055925

| (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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Office Use Only



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SECRETARY OF STATE
ALL AHASSEE FISIALE

J. BRYAN

MAY 27 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Technical Business Resources (Name of Limited Liability Company) | | |
| (Name of Elimited Elability Company) | | |
| The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | |
| Jeffery Lee Knill | | |
| (Name of Person) | | |
| Technical Business Resources | FALL FALL | |
| (Firm/Company) | 一盟 | |
| 9110 Seafair Lane | ARY OF S | |
| (Address) | | |
| Tallahassee, FL 32317 | HAY 26 PH 2: 20 CRETARY OF STATE LAHASSEE, FLORIT | |
| (City/State and Zip Code) | — <u>5</u> E | |
| For further information concerning this matter, please call: | | |
| Jeffery Lee Knill at (850) 270-1001 | | |
| (Name of Person) (Area Code & Daytime Telephone N | lumber) | |
| Enclosed is a check for the following amount: | | |
| Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy | Filing Fee, e of Status & Copy al copy is enclosed) | |
| MAILING ADDRESS: STREET/COURIER AD | DRESS: | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| P.O. Box 6327 Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | Eng. |
|---|---|
| Technical Business Resources | P.S. |
| 2. The Articles of Organization were filed on L10000055925 | and assigned document number |
| 3. The date the dissolution was approved: 12/2/2010 |) |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove | |
| job which did not allow me time to wo | ork under this business. During the |
| time that I had this business, I had no | |
| | |
| 5. CHECK ONE: | |
| OR- Adequate provision has been made for the deb | ited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distribute rights and interests. | d among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compan | y in any court. |
| Adequate provision has been made for the sati entered against it in any pending suit. | isfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of mo | embership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| DM III | Jeffery Lee Knill |
| | |
| | |
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