L140000004340

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	'8EP 1 8				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	- 22						
SUBJE	TMI JOINT VENTURE #1, LLC	,						
SOLUE	(Name of Limited Liability Company)	-						
The end	closed Articles of Dissolution and fee(s) are submitted for filing.	•						
Please	return all correspondence concerning this matter to the following:							
	Leland Goldston							
(Name of Person)								
Tarian Management, Inc								
(Firm/Company)								
	1497 Main St #242							
(Address)								
	Dunedin, FL 34698							
	(City/State and Zip Code)							
For fur	ther information concerning this matter, please call:							
	Leland Goldston 727 230-888							
(Name of Person) (Area Code & Daytime Telephone Number)								
Enclose	d is a check for the following amount:							
✓ \$25.00 Filing Fee and Certificate of Dissolution — S55.00 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
Tallahassec, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is TMI JOINT VENTURE #1, LLC				
2.	The Articles of Organizatio	n were filed on _	1/8/2014	and assigned	
	document number L14000	004340		O PA	
3. The delayed effective date the dissolution if not effective on the date of filing:				ng:te document is received for filing)	
 A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Members elected to terminate business 					
5.	If there are no members, en	ter the name and	address of the person appointe	d to wind up the company's	
	activities and affairs:	Leland Goldston			
		c/o Tarian M	o Tarian Management, Inc		
		1497 Main St #242			
		Dunedin, FL	34698		
6. lis	Signature of an authorized parted above to wind up the cor	person or if there npany's activities	are no members, the signature s and affairs:	of the person appointed and	
,	De Ja		Leland Goldst	ion	
- (Leland Sightston		Print	ed Name	
	Tarian Management, Inc.	FI	LING FEE: \$25.00		