

L18000283658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

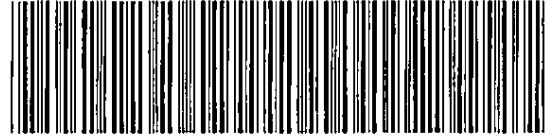
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200334883522

FILED  
SEP 24 AM 10:18  
2019

SEP 24 AM 10:18

FILED

19 SEP 21 PM 3:33

O SIMMC  
SEP 24 2019

THIS IS A 1 - 2 FILING. PLEASE PROCESS THE CANCELLATION PRIOR TO THE REGISTRATION

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

1

Date: 9/24/2019

Acc#120160000072

*Eric DW*

Name:	TCH 500 ALTON HOLDINGS, LLC
Document #:	
Order #:	12206920 - 7

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
TCH 500 ALTON HOLDINGS, LLC

2. The Articles of Organization were filed on 12/11/2018 and assigned  
document number L18000283658

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).  
The Company has terminated its business.

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

P.O. Box 330609

Miami, Florida 33233

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

Jayne Halli

Printed Name

FILING FEE: \$25.00