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### **COVER LETTER**

TO:

Registration Section Division of Corporations

<

SUBJECT:

## Cole Partners, 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:

Richard Tilghman			
(Name of Person)			
(Vi/C			
(Firm/Company)			
819 Chatham Rd			
(Address)			
Glenview, IL 60025			
(City/State and Zip Code)			

For further information concerning this matter, please call:

## Richard Tilghman

...847

951-2925

(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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	ARTICLES OF DISSULUTION	UN
	FOR A LIMITED LIABILITY COM	PANY FILE
The name of a limited liabili	ty company is	PANY  2016 FEB - 1 PM 5:  TALLAHASSTE FLORIO  and assigned
Cole Partners, LLC		TALLANDA
. The Articles of Organization	were filed on 2/3/2011	and assigned $SCE_{FLORIO}^{HASSCE_{FLORIO}}$
document number L11000014	1438	
Note: If the date inserted in the	ne dissolution if not effective on the da date cannot be prior to or more than 90 days la his block does not meet the applicable state ive date on the Department of State's reco	utory filing requirements, this date will not be
. A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limited liability cocopy 605.0707 on back cover letter).	mpany's dissolution pursuant to section
All assets sold		
. If there are no members, ente activities and affairs:	er the name and address of the person	appointed to wind up the company's
. Signature of an authorized posted above to wind up the com	erson or if there are no members, the s	signature of the person appointed and
Sichael HTila		nman

**FILING FEE: \$25.00** 

Printed Name

Signature