

AZ1000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

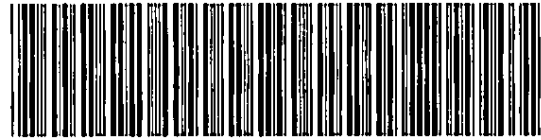
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400365005404

*Certificate of
dissolution*

04/29/21--01015--027 **25.00

07/20/21--01024--009 **27.50

2021 JUL 19 AM 9:49
SECRETARY OF STATE
SUNBELT STATE, FLORIDA

FILED

JUL 21 2021
A RAMSEY

27.50
** 0028, 00524, 00671*



RECEIVED

2021 JUL 19 PM 4:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

HARRYSON LIMA
TL PLUS COLLISION LTD
15331 AMBERBEAM BLVD.
WINTER GARDEN, FL 34787

SUBJECT: TL PLUS COLLISION LTD
Ref. Number: A21000000138

We have received your document for TL PLUS COLLISION LTD and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

The form that you submitted is incorrect. It is for a limited liability company and your entity is a limited partnership. I have enclosed the correct form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 921A00014072

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: TL Plus Collision LTD
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Harvyn Lina
(Contact Person)

TL Plus Collision LTD
(Firm/Company)

15331 Amberbeam Blvd, Winter Garden, 34787, FL
(Address)

Winter Garden, FL 34787
(City, State and Zip Code)

For further information concerning this matter, please call:

Harvyn Lina at (774) 487-0488
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION
FOR

TL Plus Collision LTD

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED
2027 JUL 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on MARCH 25/2021, assigned Florida document number A21000000138, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

TL PLUS COLLISION LTD NEVER GOT STARTED AND WE DECIDED
NOT TO MOVE FORWARD WITH EVERYTHING

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature]

Harvey Lina

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

TK Plus Collision LTD

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Harvey Lim
Printed Name

[Signature]
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.