

J27134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

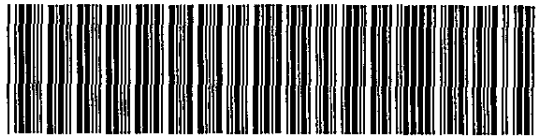
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
SALVADOR, OHIO 43081

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Thomas M. Sims & Associates, Inc.

DOCUMENT NUMBER: ? J27134

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Sims or Marilyn Sims
(Name of Person)

TM, LLC
(Name of Firm/Company)

7319 RESERVE CREEK DR.
(Address)

PONT ST. LUCIE, FL. 34986
(City/State/and Zip Code)

For further information concerning this matter, please call:

Tom Sims at (772) 530 0199
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

6/22/05

(A)

To: Div. of Corp.
State of Fla.

RE: ① Shareholders
② Dissolution of Corp.

DEAR MADAMS/SIRS,

AFTER 20± YEARS I AM TRYING TO CLOSE
THOMAS M. SIMS AND ASSOCIATES, INC. MARILYN & I,
THROUGH THE ADVICE OF REPT. & ATTY. ARE ATTEMPTING
TO DO THIS ON OUR OWN!

ATTACHED ARE THE FORMS & \$ THAT I THINK
WE NEED TO OBTAIN FROM YOU (THE STATE)
SOME PIECE OF PAPER THAT CLAIMS
THE FOLLOWING:

① THE SHAREHOLDERS:

- A. TM, LLL
- B. THOMAS SIMS
- C. MARILYN SIMS

② THOMAS M. SIMS AND ASSOCIATES, INC. IS
DISSOLVED.

KNOWLEDGE LET ME KNOW IF THERE IS ANYTHING
ELSE THAT YOU NEED TO ACCOMPLISH THESE
(2) THINGS. ALSO, COULD YOU FAX 772 467 9040
THIS PAPER THAT LIST THE SHAREHOLDERS
AND DISSOLUTION TO ME?

Thank you,
Tom

CELL # 772 530 0199

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: THOMAS M. SIMS ^{AND} ASSOCIATES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

SHAREHOLDERS : TM, LLC.
THOMAS SIMS
MARILYN SIMS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7319 RESERVE CREEK DR.
PORT ST. LUCIE, FL. 34986

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

THOMAS SIMS

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00