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# COVER LETTER ·

TO: Registration Section Division of Corporations
SUBJECT: ROBERT B. KARN TIL 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:
(Name of Person)
(Name of Person)
(Firm/Company)
7000 D
3709 ASCOT BEND CT
(Titalica)
BUNITA SPRINGS FL 34134 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
^
KUDELT B. KARN III a1 (314) 378-4488
(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)
For further information concerning this matter, please call:  Robert B, Karr III at (314) 378-4488 (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:

# 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

1.	The name of a limited liability company is
	ROBERT B. KARN TIT LLC
2.	The Articles of Organization were filed on $1-2-2003$ and assigned
	document number <u>L030000003</u> 41
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).
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5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. li:	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Robert B. KHRWITT Signature Robert B. KHRWITT Printed Name
	Signature Printed Name

**FILING FEE: \$25.00**