

LO30.000007590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

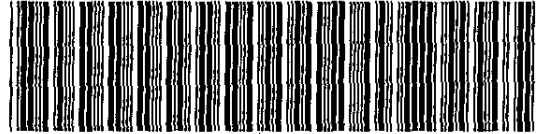
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 MAR -7 PM 12:52
SECRET
TALLAHASSEE, FLORIDA

4

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thompson Family Enterprises, 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:

Todd L. Raymond
(Name of Person)

Lillis, Burnett, Henry & Raymond, LLC
(Firm/Company)

1740 Ellington Road
(Address)

South Windsor, CT 06074
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd L. Raymond, CPA at (860) 644-5825
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is

Thompson Family Enterprises, LLC

2. The date the dissolution was approved: February 25, 2005

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Written consent of all of the members of the limited liability company.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.441

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.
-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Typed or Printed name

Jean M. Thompson

Jean M. Thompson

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Members Consent

I, Jean M. Thompson, being the sole member of Thompson Family Enterprises, LLC do hereby consent to dissolve the company effective February 25, 2005.

Date: 2/25/05

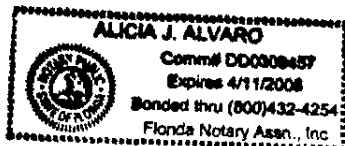
Signed: Jean M. Thompson
Jean M. Thompson, Member

Witnessed:

Frances Jay Harper

Date: 2/25/05

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2005 MAR -7 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The foregoing instrument was and acknowledged
in my presence by Jean M. Thompson,
who produced a Florida driver's license
as identification on this 25th day of
February, 2005.

Alicia Alvaro
ALICIA J. ALVARO