

L030000021661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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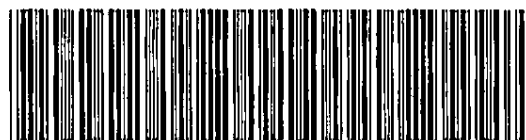
(Business Entity Name)

(Document Number)

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19 APR -8 PM 5:22
TALLAHASSEE, FLORIDA

APR 16 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TOBIN GROUP 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:

WILLIAM TOBIN
(Name of Person)

THE TOBIN GROUP
(Firm/Company)

7 AVENUE de la MER UNIT 706
(Address)

PALM COAST FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM TOBIN at (386) 447 0002
(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**

1. The name of a limited liability company is

THE TOBIN GROUP LLC

2. The Articles of Organization were filed on JUNE 16 2008 and assigned

document number L03000021661

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31, 2018
(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).

100% DISABILITY OF MR TOBIN - ONLY EMPLOYEE

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: WILLIAM TOBIN

7 AVENUE dr 12 HOL D 706

PALM COAST, FL 32137

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

WILLIAM C. TOBIN

Printed Name

FILING FEE: \$25.00

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