

L03 000045434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

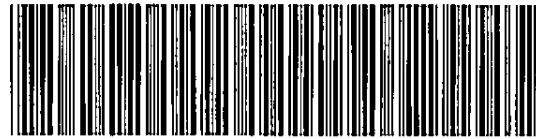
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/19--01007--015 **55.00

RECEIVED

MAY 28 2019

2019.05.23 PM 2:03

EFFECTIVE DATE

June 30, 2019

Any Diss/cus
w/notice

JUN 13 2019

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Tax Clinic 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:

Roxana M. Medina

(Name of Person)

(Firm/Company)

1501 NE 103 Street

(Address)

Miami Shores, FL 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

Roxana M. Medina

(Name of Person)

at (786) 930-8249

(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

EFFECTIVE DATE
June 30, 2019

1. The name of a limited liability company is

The Tax Clinic LLC

2. The Articles of Organization were filed on November 18, 2003 and assigned

document number L03000045434

3. The delayed effective date the dissolution if not effective on the date of filing: June 30, 2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

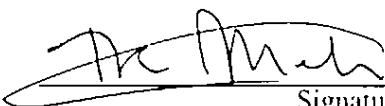
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The consent of all members.

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. 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

Roxana Maria Medina

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: The Tax Clinic LLC
Document number of Limited Liability Company is: L03000045434
Date of dissolution was: June 30, 2019

Description of information that must be included in a written claim:

The name of the limited liability company, the date of dissolution,
the name of the claimant, the address of the claimant,
the reason for the claim and any supporting document.
The claim must be in writing. The claim must be barred
unless an action to enforce the claim is commenced within 4 years after the filing of the notice.

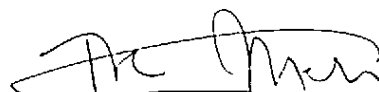
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Roxana Medina
1501 NE 103rd Street
Miami Shores, FL 33138

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

Roxana Maria Medina

Printed Name of the Person Filing



Signature of the Person Filing