

12/28/23, 10:14 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone : (407)841-1200

Fax Number : (407)423-1831

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2023 DEC 28 PM 12:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
TAM BARNES GROVES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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K. SALY

JAN - 3 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAM BARNES GROVES, 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:

Thomas M. Barnes, Jr.

(Name of Person)

TAM Barnes Groves, LLC

(Firm/Company)

P.O. Box 846

(Address)

Vero Beach, FL 32961-0846

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Barnes, Jr.

(Name of Person)

at (772) 473-4724

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

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: TAM BARNES GROVES, LLCDocument number of Limited Liability Company is: L04000000859Date of dissolution was: Upon filing

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

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim: _____

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

P.O. Box 846Vero Beach, FL 32961

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.

Thomas M. Barnes, Jr., Manager

Printed Name of the Person Filing

Thomas M. Barnes, Jr.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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