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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Phone

Account Number : 076077001702

: (407)841-1200

Fax Number

: (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL TAM BARNES GROVES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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K. SALY

JAN - 3 2024

To:

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Page: 2 of 4

12/28/2023 10:18 AM

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COVER LETTER

| | gistration Section vision of Corporations | | | |
|----------------------|---|--|--|--|
| SUBJECT: | TAM BARNES GROVES, LLC | | | |
| | (Name of Limited Liability Company) | | | |
| | | | | |
| The enclosed | d Articles of Dissolution and fee(s) are submitt | ed for filing. | | |
| Please return | n all correspondence concerning this matter to | the following: | | |
| | Thomas M. Barnes, Jr | | | |
| | | | | |
| | man) | e of Person) | | |
| | TAM Barnes Groves, LLC | | | |
| (Firm/Company) | | | | |
| | P.O. Box 846 | | | |
| | (Address) | | | |
| | Vero Beach, FL 32 | 961-0846 | | |
| | (City/State | and Zip Code) | | |
| For further in | formation concerning this matter, please call: | | | |
| <u>T</u> | homas M. Barnes, Jr. | at (772) 473-4724 (Area Code & Daytime Telephone Number) | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed is a cl | heck for the following amount: | | | |
| □ \$2 5.0 | 00 Filing Fee and Certificate of Dissolution | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | |
| Regi Divi P.O. | ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

Fax: (850) 617-6383

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



| 1. The name of a limited li | ability company is |
|--|---|
| TAM BARNES GROVES | S, LLC |
| 2. The Articles of Organiza | ation were filed on 01/06/2004 and assigned |
| document number L04 | 00000859 |
| (effective Note: If the date inserted | ate the dissolution if not effective on the date of filing: \(\frac{1211/2c23}{2131/2c23}\) etive date cannot be prior to or more than 90 days later than date document is received for filing) d in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. |
| 4. A description of occurre 605.0707, Florida Statuto | ence that resulted in the limited liability company's dissolution pursuant to section es. (copy 605.0707 on back cover letter). |
| Consent of the Members | , |
| 5. If there are no members, activities and affairs: | , enter the name and address of the person appointed to wind up the company's Thomas M. Barnes, Jr. |
| | P.O. Box 846 |
| | Vero Beach, Florida 32961 |
| above to wind up the comp | red person or if there are no members, the signature of the person appointed and listed any's activities and affairs: |
| Lomes M. Barnes Signature | Thomas M. Barnes, Jr., Manager |
| Signatur | Printed Name |

FILING FEE: \$25.00

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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 GROV | /ES, LL.C |
|---|---|
| Document number of Limited Liability Company is: L040 | 00000859 |
| Date of dissolution was: | , 28 (H. S. |
| Description of information that must be included in a writte | en claim: |
| Name of Claimant: | 92. 03.10 |
| Address of Claimant: | |
| Amount of Claim: | |
| Basis of Claim: | |
| | |
| Mailing address where claims can be sent: (Claims cannot I | |
| Vero Beach, FL 32961 | |
| | |
| A claim against the above named limited liability company claim is commenced within 4 years after the filing of this no | will be barred unless a proceeding to enforce the |
| Thomas M. Barnes, Jr., Manager | Thomas M Barnes, h. |
| Printed Name of the Person Filing | Signature of the Person Filing |

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