

L04000020685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

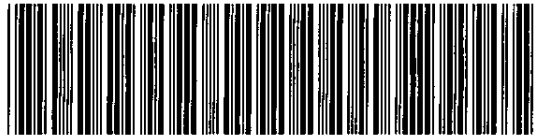
Special Instructions to Filing Officer:

A. LUNT

APR 17 2008

EXAMINER

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2008 APR 16 P 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T X G MANAGEMENT COMPANY, 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:

Augustus Omolara
(Name of Person)

(Firm/Company)
434 MARLBERRY LEAF AVENUE
(Address)
TALLHASSEE, FL 34758
(City/State and Zip Code)

SECRETARY OF STATE
TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

Augustus Omolara at 321 697-0355
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

T & G MANAGEMENT COMPANY, LLC

2. The Articles of Organization were filed on MARCH 17, 2004 and assigned document number

L04000020685

3. The date the dissolution was approved: 1 FEB. 2008

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

THE BUSINESS IS DISSOLVED BECAUSE OF
BAD ECONOMY IN THE COUNTRY. OWNER IS
NOT MAKING INCOME FROM THE BUSINESS.

5. 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. 608.4421.

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

7. 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

Augustus Omojara

Printed Name

AUGUSTUS OMOJARA

FILING FEE: \$25.00

Certificate of Status: \$5.00

Total = \$30.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA