

L04000033455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

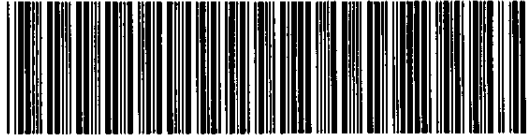
(Document Number)

Certified Copies _____

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2015 FEB 27 PM 12:51
SACRAMENTO STATE
TALLAHASSEE, FLORIDA

M. Calligan MAR 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TA REUNION, 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:

ANNE B D REID, MANAGING MEMBER
(Name of Person)

TA REUNION LLC
(Firm/Company)

589 GUARD HILL ROAD
(Address)

BEDFORD, NY 10506
(City/State and Zip Code)

For further information concerning this matter, please call:

ANNE REID at (914) 234-7727
(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

FILED

2015 FEB 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TA REUNION LLC

2. The Articles of Organization were filed on 5-1-2004 and assigned

document number LO4000033455

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

as of 12/31/14 (Final tax return is filed already)

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).

ALL REAL ESTATE HELD IN THIS NAME
IS NOW DISPOSED OF SO THE ENTITY IS
NO LONGER NEEDED.

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

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:

Anne B D Reed, Managing Member
Signature

ANNE B D REED
Printed Name

FILING FEE: \$25.00

U# 2218