

L040000047731

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850)777-2091
Fax Number : (770)220-1943

RECEIVED
DIVISION OF CORPORATIONS
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19 JUL 12 AM 9:13

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**LLC DISSOLUTION OR WITHDRAWAL
TW/OLSON-INDRIO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

19 JUL 12 PM 3:15

S. PRATT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TW/OLSON-INDRIO, 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:

Sharon K. Gray

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at 770 777-2091

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

.60 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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

TW/Olson-Indrio, LLC

2. The Articles of Organization were filed on 06/24/2004 and assigned

document number LO4000047731

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date documents 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 limited liability company is no longer transacting business in the State of Florida.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: TW/Olson Holdings, LLC (By: Caroline G. Estrada, Auth. Pers.)

4900 N. Scottsdale Road, Ste. 2000

Scottsdale, AZ 85251

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:

Caroline G. Estrada
Signature

Caroline G. Estrada
Printed Name

FILING FEE: \$25.00

FILED
19 JUL 12 AM 9:19