L04000058321

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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03/23/15--01046--002 **25.00

15 HAR 23 AM ID: 32
SECRETARY OF STATE

T. HAMPTON

COVER LETTER

SUBJECT:	T-Max Computers LLC (Name of Limited	l Liability Company)			
The enclosed	Articles of Dissolution and fee(s) are submitte	d for filing.			
Please return	all correspondence concerning this matter to th	ne following:			
	Derryk Wheeler				
	(Name of Person)				
	T-Max Computers LLC (formerly	()			
	(Firm/Company)				
	6972 Palmetto Circle S,				
	(Address)				
	Boca Raton, FL 33433				
	(City/State	and Zip Code)			
For further in	formation concerning this matter, please call:				
De	rryk Wheeler	954 479-9117			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a c	heck for the following amount:				
₹ \$25.0	00 Filing Fee and Certificate of Dissolution	 \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 			

MAILING ADDRESS:

TO:

Registration Section

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

١.	The name of a limited liability company is					
	T-Max Computers LLC					
2.	. The Articles of Organization were filed on 8/6/2004 and assigned document number L04000058321					
3.	3. The delayed effective date the dissolution if not effective on the date of filing:					
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).					
	Falling out between partners, mutaul dissolution of company.					
		·		* ************************************		
		· · · · · · · · · · · · · · · · · · ·				
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5.	If there are no members, ente	e are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs: Derryk and Saowanij Wheeler 6972 Palmetto Circle S					
	Boca Raton, FL 33433					
		Apt. 507				
6. lis	Signature of an authorized p ted above to wind up the com	erson or if there are no pany's activities and	o members, the signatur affairs:	e of the person appointed and		
X	lug 4/2 1	Mu		Saowanij Wheeler		
	/ Signature		Prir	nted Name		

FILING FEE: \$25.00

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