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## **COVER LETTER**

Division of Co			
SUBJECT: TEC V	WEST LLC		
<del></del>	(Name of L	imited Liability Company)	
The sealers of Auditors	6Di	Lucino d Con Cilina	
	ondence concerning this matter	<u>-</u>	
ricase icium an corresi	sometice concerning this man	er to the following.	•
TIM	OTHY CRONIN		<i>o</i>
		(Name of Person)	7 AU
TEC	WEST LLC		E SELECTION OF THE SELE
<del></del>		(Firm/Company)	SSEE
117	20 SW 37TH CT		O7 AUG 10 AM 10: 33 SECRETARY OF STATE TALLAHASSEE FLORIDA
		(Address)	AFE AFE
DAV	/IE, FL 33330		
	(Ciț	y/State and Zip Code)	•
For further information	concerning this matter, please	call:	
TIMOTH	Y CRONIN	954 \ 243-3	3101
	(Name of Person)	(Area Code & Daytime	<del></del>
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Talla	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
solution pursuant to section
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FLOP
ave been paid or discharged.
accordance with their respective
at, order or decree which may be
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Printed Name
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FILING FEE: \$25.00