

LOS 0000 09202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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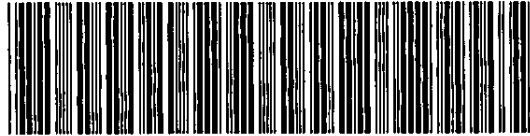
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tulloss Group, 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:

Cindi L. Johnson, CPA

(Name of Person)

MiddletonRaines+Zapata

(Firm/Company)

9235 Katy Fwy Ste 400

(Address)

Houston, TX 77024

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindi L. Johnson

(Name of Person)

at (281) 531-8704

(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

1. The name of a limited liability company is
Tulloss Group, LLC

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

Consent of all the members

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:

Phil Jones

Carl E. Tulloss, managing member

Printed Name

FILING FEE: \$25.00

14 DEC -9 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Appointed