(Requestor's Name)					
(Address)					
(A	ddress)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(B	Business Entity Name)	3 1			
. (D	Ocument Number)	•			
Certified Copies	<u>→</u> Certificates of	Status			
Special Instructions to	o Filing Officer:				
		·			

G. MCLEOD

AUG 25 2009

EXAMINER

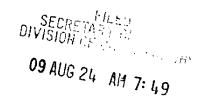


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08/24/09--01054--020 \*\*250.00







1. The name of a limited liability company is	Twin C	? 174 of	= TAMPA	BAY, LLC
2. The Articles of Organization were filed on		•		• •
3. The date the dissolution was approved:	7/15/	2009		
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on ba				uant to section
5. CHECK ONE:  All debts, obligations and liabilities of	the limited lial	oility compan	y have been paid	l or discharged.
OR- Adequate provision has been made for	the debts, obli	gations and li	abilities pursuan	t to s. 608.4421.
<ol><li>All remaining property and assets have been di rights and interests.</li></ol>	stributed amon	g its member	s in accordance v	with their respective
7. CHECK ONE:			,	
There are no suits pending against the -OR- Adequate provision has been made for entered against it in any pending suit.	• •	-	ment, order or de	cree which may be
ignatures of the members having the same percentag	ge of membersl	hip interests r	necessary to appr	ove the dissolution:
Signapay ///			Printed Nam	e
		GRADO	y C. PRIDE	SEN, III
<u>,                                      </u>	J			
		<del></del>		

**FILING FEE: \$25.00**