

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

EFFECTIVE DATE 1918/5



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12/21/15--01045--006 **25.00

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SECRETARY OF STATE

DEC 21 2015). BRUCE

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is TRG Learning Systems, LLC | |
|-----------|--|---|
| 2. | The Articles of Organization were filed on May 5, 2007 and assigned | |
| | document number <u>L07000057348</u> | |
| 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 document 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). | |
| | Closing Holding Company with no assets. | |
| | | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's | |
| | activities and affairs: | |
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| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and attains: | |
| ノ | Edward H. Rensi, MGRM | |
| | Cignoture Printed Name | |

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

TRG Learning Systems, LLC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limited Liability Company: |
|---|
| Document number of Limited Liability Company is: L07000057348 |
| Date of dissolution was: 12/28/2015 |
| Description of information that must be included in a written claim: |
| The nature and amount of the claim; The identity and contact information |
| pertaining to the person or entity ostensibly possessing the claim; |
| The date when the claim accrued; and a copy of the document, if |
| any, upon which the claim is based. |
| 7 co 22 |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Continue |
| A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Edward H. Rensi, MGRM |
| Printed Name of the Person Filing Signature of the Person Filing |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00