

LO70000 F0992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

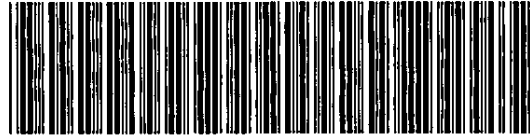
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2015
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Thiam Life Solutions LLC

September 3, 2015

Registration Section
Division Of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern

I am writing to notify that I am closing my Thiam Life Solutions LLC as effective 10/1/2015 as the LLC is no longer needed.

Enclosed are the forms required for the dissolution. As a sole proprietor, there are no other members involved with my LLC.

Also enclosed is a check of \$25 (check number 122) for the dissolution of Thiam Life Solutions LLC.

Thank You

Thiam Bowe
Mgr Director
Thiam Life Solutions LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THIAM LIFE SOLUTIONS 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:

THIAM BOWE
(Name of Person)

THIAM LIFE SOLUTIONS LLC
(Firm/Company)

4500 N. FEDERAL HWY, #270
(Address)

POMPANO BEACH, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

THIAM BOWE at (561) 245-5231
(Name of Person) (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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

THIAM LIFE SOLUTIONS LLC

2. The Articles of Organization were filed on 08/07/2007 and assigned

document number L07000080992

3. The delayed effective date the dissolution if not effective on the date of filing: 10/1/2015
(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).

NO LONGER NEEDED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

THIAM BOWE

4500 N. FEDERAL HWY, # 270

POMPAHO BEACH, FL 33064

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:



Signature

THIAM BOWE

Printed Name

FILING FEE: \$25.00

10 SEP 18 AM 7:01
STATE OF FLORIDA
DEPARTMENT OF STATE