

20700008/334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

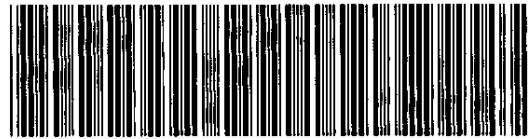
Special Instructions to Filing Officer:

**A. LUNT**

AUG - 5 2010

**EXAMINER**

Office Use Only



500183085645

08/04/10--01011--002 \*\*25.00

FILED  
2010 AUG - 4 AM 10:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thomson Network Communications LLC (formerly Thomsn 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:

Lori Saul

(Name of Person)

(Firm/Company)

4406 73rd St N

(Address)

St. Petersburg, FL 33709

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG -4 AM 10:21

FILED

For further information concerning this matter, please call:

Lori Saul

(Name of Person)

at ( 727 ) 688-6890

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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

Thomson Network Communications LLC (formerly Thomsn LLC)

2. The Articles of Organization were filed on 08-08-07 and assigned document number L07000081334

3. The date the dissolution was approved: 07-01-10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Company has been unable to operate for most of 2010 due to illness of the main employee.

The main employee has been ill and hospitalized for the majority of 2010. He has now been diagnosed with cancer and has been forced to retire completely. There is nobody able to take his place and the company

has been unable to function for months. We had hoped to make a comeback, but have been advised by his doctors that this is not a possibility.

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Lori Saul

Lori Saul

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FILING FEE: \$25.00**

FILED  
2010 AUG -4 PM 10:21  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE