# 107000 106132

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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96/19/20--01005--030 \*\*25.00



JUN 2 9 2020 S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

| SUBJECT:  | Tampa Bay Matchmakers LLC : (Name of Limited Liability Company) |                                  |   |  |  |
|---|---|----------------------------------|---|--|--|
| SOBJECT.  |   |                                  |   |  |  |
| **************************************              |   |                                  |   |  |  |
| The enclosed  | Articles of Dissolution and fee(s) are submi                    | tted for filing.                 |   |  |  |
| Please return                                       | all correspondence concerning this matter to                    | the following:                   |   |  |  |
|   | Marshall Kobrin, Esq.   |                                  |   |  |  |
|   | (Name of Person)  |                                  |   |  |  |
|   | AEGIS LAW   |                                  |   |  |  |
|   | (Firm/Company)  |                                  |   |  |  |
|   | 100 South Ashley Drive, Suite 620                               |                                  |   |  |  |
|   | (Address)   |                                  |   |  |  |
|   | Tampa, Florida 33602  |                                  |   |  |  |
|   | (City/St  | ate and Zip Code)                |   |  |  |
| For further in                                      | formation concerning this matter, please call                   | l:                               |   |  |  |
| Mar   | rshall Kobrin, Esq.   | 813<br>at (                      | 699-1194  |  |  |
|   | (Name of Person)  | (Area Co                         | de & Daytime Telephone Number)                                      |  |  |
| Enclosed is a c                                     | heck for the following amount:                                  |                                  |   |  |  |
| ■ \$25.00 Filing Fee and Certificate of Dissolution |   | □ \$55,00 Filing<br>Certified Co | Fee, Certificate of Dissolution & opy (additional copy is enclosed) |  |  |
|   | ling Address:   | Street Address:                  |   |  |  |
|   | Registration Section  |                                  | Section   |  |  |
|   | ision of Corporations  Box 6327                                 | Division of C                    |   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314              |   | The Centre o                     | f Tallahassee<br>roe Street, Suite 810                              |  |  |
| Amandosee. Fit J2J14                                |   | Tallahassee,                     |   |  |  |

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

|          | A LIMI  | ITED LIABILITY COMPANY  | 2020                                  |
|----------|---|---|---------------------------------------|
| 1.       | The name of a limited liability comparation and Bay Matchmakers LLC             | ny is   | JUN 10                                |
| 2.       | The Articles of Organization were file  | ed on and assigne   | <u> </u>                              |
|          | document number L07000106732  |   | · · · · · · · · · · · · · · · · · · · |
| 3.       | (effective date cannot  | tion if not effective on the date of filing: June 30, 202 be prior to or more than 90 days later than date document is recover not meet the applicable statutory filing requirements. In the Department of State's records. | eived for filing)                     |
| 4.       | A description of occurrence that result 605.0707, Florida Statutes, (copy 605.0 | ted in the limited liability company's dissolution pure 0707 on back cover letter).   | suant to section                      |
|          | The dissolution was approved by all of the                                      | e members in accordance with Section 605.0707, Florida S  | Statutes.                             |
|          |   |   |                                       |
| 5.       | If there are no members, enter the namactivities and affairs:                   | ne and address of the person appointed to wind up the   | e company's                           |
|          |   |   |                                       |
|          |   |   |                                       |
| რ.<br>ab | Signature of an authorized person or if ove to wind up the company's activities | f there are no members, the signature of the person aps and affairs:  | ppointed and listed                   |
| no       | y H. Wall   | Nancy Wall  |                                       |
|          | Signature   | 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.

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

| Name of Limited Liability Company: Tampa Bay Match  | makers LLC  |
|---|---|
| Document number of Limited Liability Company is: L0   |   |
| Date of dissolution was:  | _   |
| Description of information that must be included in a w   | ritten claim:   |
| Claim must be in writing and include a mailing address, phor  | ne number, and email address.                                   |
| Must specify the nature of the claim and the alleged amount   | of the claim  |
| Must include any supporting documents underlying the bass   | and nature of the claim   |
|   |   |
|   |   |
| Mailing address where claims can be sent: (Claims cannot 8720 Tantallon Circle                                    | not be sent to the Division of Corporations)                    |
| Tampa, Florida 33647  |   |
| Tampa. 1 tortta 55047   | <del></del>   |
|   |   |
|   |   |
| A claim against the above named limited liability compactain is commenced within 4 years after the filing of this | any will be barred unless a proceeding to enforce the s notice. |
| Nancy Wall  | Nancy H. Wall   |
| 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