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L08000027108	
(Requestor's Name)	
(Address) (Address)	300266910293
(City/State/Zip/Phone #)	12/01/1401039002 **35.00 ,
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	EFFECTIVE DATE
Special Instructions to Filing Officer: Ste backdated to orig. date of cocupt in orden to honor effective	۰ `
to honor effective dato the Office Use Only	
12/01/14	Mm-1/8/15

COVER LETTER

TO: Registration Section **Division of Corporations**

Tethrippon LLC (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Mvehl (Name of Person) CCN LLC (Firm/Company) 200 South Orange Ave Suite 1475 (Address) Orlando FL 32.801 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (407) 843-1804 (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

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2014

CCM LLC ATTN: JOSEPH MUEHL 200 S ORANGE AVE, STE 1475 ORLANDO: FL 32801

SUBJECT TETHRIPPON LLC

We have received your document for TETHRIPPON LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution for a Florida limited liability company must comply with section 605.0707, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Tethrippor LLC 2. The Articles of Organization were filed on March 14 2008 and assigned document number <u>L0800027108</u> 12-31-2014 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) 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). SSJAFZUG requested Closing as all nembers 5. If there are no members, enter the name and address of the person appointed to wind up the company's were activities and affairs: 102.401 Suite 19 Ave Drange 37801 Ω

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:

Joseph E Mul

EFFECTIVE DATE

FILING FEE: \$25.00