

LD8000043645

(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



600258981506

04/21/14--01040--013 **25.00

FILED
2014 APR 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Tirsa Holdings 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:

Tirsa Liss Vargas
(Name of Person)

Tirsa Holdings LLC
(Firm/Company)

11615 Buckingham Ave
(Address)
Cleveland, OH 44120

(City/State and Zip Code)

For further information concerning this matter, please call:

Tirsa Liss Vargas at 216, 331-1708
(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 Tirsa Holdings LLC

2. The Articles of Organization were filed on May 1, 2008 and assigned
document number L08000043645

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)

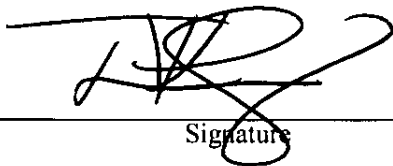
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company owner relocated to another state,
OHIO, therefore wishes to terminate
Tirsa Holdings LLC.

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

Tirsa Liss Vargas
11615 Buckingham Ave
Cleveland, OH 44120

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

Tirsa Liss Vargas
Printed Name

FILING FEE: \$25.00

2014 APR 21 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____

Tirsa Holdings LLC

Document number of Limited Liability Company is: _____

L 08 000043645

Date of dissolution was: _____

4/21/14

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

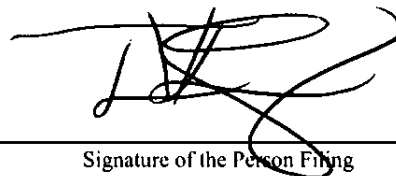
11615 Buckingham Ave
Cleveland, OH 44120

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Tirsa Liss Vargas

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