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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	,		
(Cit	ry/State/Zip/Phone	e #)		
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(Bu	siness Entity Nar	me)		
. (Document Number)				
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ALLAHASSEF FLORIDA

MAR 1 3 ZOIS D. BRUCE

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	T Contractors, LLC			
_	(Name of Limited Liability Company)			
	articles of Dissolution and fee(s) are submitted for filing.			
	Nestor Gorfinkel			
(Name of Person)				
	Nestor B. Gorfinkel Chartered			
	(Firm/Company)			
	Nestor B. Gorfinkel Chartered (Firm/Company) 20818 West Dixie Highway			
	Aventura, Florida 33180			
	Aventura, Florida 33180 (City/State and Zip Code)			
	(City/State and Zip Code)			
For further info	ormation concerning this matter, please call:			
Nes	tor Gorfinkel 305 932-5757			
	(Name of Person) at () (Area Code & Daytime Telephone Number)			
Enclosed is a che	eck 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

. The name of a limited lia	bility company is
TI Contractors, LLC	·
The Articles of Organizat	tion were filed on March 19, 2014 and assigned
document number L080	00076733
The delayed effective dat (effect	te the dissolution if not effective on the date of filing:tive date cannot be prior to or more than 90 days later than date document is received for filing)
. A description of occurrer 605.0707, Florida Statutes	nce that resulted in the limited liability company's dissolution pursuant to sections, (copy 605.0707 on back cover letter).
The unanimous cons	ent of all the members of the Company
. If there are no members, activities and affairs:	enter the name and address of the person appointed to wind up the company's Avrohom Kagan
activities and arrans.	245 NE 183 Street, Unit 2A
	Miami, Florida 33179
	00 00
. Signature of an authorize sted above to wind up the o	ed person or if there are no members, the signature of the person appointed and company's activities and affairs:
	Avrohom Kagan
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: TI Contractors, LLC			
Document number of Limited Liability Company is: L08000076733			
Date of dissolution was:			
Description of information that must be included in a written claim:			
Name of claimant, address of claimant and phone number, date of claim or da	ate clain	n aı	
amount claimed, nature of claim and copy of contract or agreement, if applica	ble.		
	The p	291	
		15 F&B	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpora	ASSEST OF S	27	
Avrohom Kagan	LORIDA	AH 11: 00	
245 NE 183 Street, Unit 2A		O	
Miami, Florida 33179			
A claim against the above named limited liability company will be barred unless a proceeding	g to enfor	rce the	;

claim is commenced within 4 years after the filing of this notice.

Avrohom Kagan

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