

L0900003242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

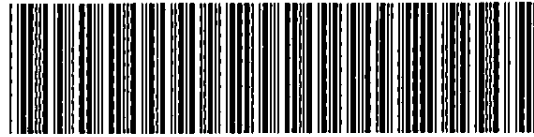
(Business Entity Name)

(Document Number)

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

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02/29/12--01016--024 \*\*55.00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 FEB 29 PM 1:55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 29 AM 8:57

MAR -1 2012

T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 02/29/2012

REF. #: 000204.162404

CORP. NAME: TEAMWORK PROFESSIONAL SERVICES, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME                    |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY                  |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                         |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 543455 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF DISSOLUTION**

**OF**

**TEAMWORK PROFESSIONAL SERVICES, LLC**

TEAMWORK PROFESSIONAL SERVICES, LLC, a limited liability company organized and existing under the laws of the State of Florida (the "Company"), in order to dissolve in accordance with the requirements of Chapter 608, Florida Statutes, does hereby certify as follows:

1. The name of the Company is Teamwork Professional Services, LLC.
2. The dissolution of the Company was approved by the sole member of the Company.
3. The dissolution of the Company was approved by the sole manager.
4. All debts, obligations and liabilities of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to its sole member in accordance with its rights and interests.
6. There are no suits pending against the Company in any court.
7. These Articles of Dissolution shall be effective immediately upon filing by the Secretary of State of the State of Florida.

**SOLE MEMBER:**

TEAMWORK RETAIL, LLC

By: 

Michael Maurer, its Manager