

L09000045139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5001200
09/07/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSPFL-RSS HOLDING, L.L.C.
(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:

TERESA Z. LYGATE

(Name of Person)

WHITNEY BANK

(Firm/Company)

228 ST. CHARLES AVENUE, SUITE 626

(Address)

NEW ORLEANS, LA 70130

(City/State and Zip Code)

For further information concerning this matter, please call:

TERESA Z. LYGATE

(Name of Person)

at 504 586-3446
(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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
TSPFL-RSS HOLDING, L.L.C.

2. The Articles of Organization were filed on MAY 8, 2009 and assigned
document number L09000045139

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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
CONSENT OF THE SOLE MEMBER

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

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:
WHITNEY BANK, SOLE MEMBER

BY: *Teresa Z. Lygate*
Signature

WHITNEY BANK, SOLE MEMBER
Printed Name

TERESA Z. LYGATE, VICE PRESIDENT

FILING FEE: \$25.00

2009-SEP-7 P 6:13
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

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