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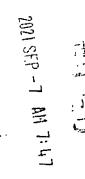
| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Muit Stark

TO: Registration Section Division of Corporations

SUBJECT:

(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:

(Name of Person)

TLBR, LLC

(Firm/Company)

T3+1 Imperial Beach Circle

(Address)

Delray Beach Florida

(City/State and Zip Code)

33444

For further information concerning this matter, please call:

 $\frac{\sqrt{160}}{\sqrt{160}} \frac{1}{\sqrt{160}} \frac{1}{\sqrt{160}$

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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| ١. | The name of a limited liability company is TLBR, LLC |
|----------|--|
| 2. | The Articles of Organization were filed on $\frac{10/08/2009}{2009}$ and assigned |
| | document number $L09000097267$ |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: It is 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). |
| | no Longer needed |
| | |
| | |
| | If there are no members, enter the name and address of the person appointed to wind up the company's |
| | activities and affairs: 1 av. + Smith 1 av. + Smi |
| | Delray Beach, Florida |
| | 334HO |
| 6, ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: |
| Ź | Tavit Smith |
| | Signature Printed Name |

FILING FEE: \$25.00