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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954) 356-2905
Fax Number : (954) 337-8346

**LLC DISSOLUTION OR WITHDRAWAL
THE TIDES 12 U, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
13 DEC -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2013 DEC -5 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Email: 8Ttexas@cpasweston.com

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DEC - 6 2013

T. HAMPTON

H13000266713 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TIDES 12 U 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:

(Name of Person)
WESTON CORPORATE ADMINISTRATION LLC

(Firm/Company)
2225 N COMMERCE PKWY, SUITE 4

(Address)
WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE F. RODRIGUEZ at **954** **356-2905**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

FILED

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

2013 DEC -5 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The Tides 12 U, LLC

2. The Articles of Organization were filed on 01/04/2010 and assigned document number

L10000000401

3. The date the dissolution was approved: 11/27/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

The company ceased doing business upon unanimous consent of
members

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

✓ [Signature]
[Signature]

✓ STEFAN KRAUSE NICLAS
✓ CARLOS ZIMMERMANN KÖNEKAMP

FILING FEE: \$25.00