Florida Department of State Physician Compositors Recurrence Filling Coversions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)214-8442

LLC DISSOLUTION OR WITHDRAWAL TANGO HOTEL WELLSPRING, LLC

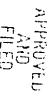
Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

V	FEF: \$25.00	
Man James Many	Nylah J. Thompson Printed Name	
5. Signature of an authorized person or if there are no above to wind up the company's activities and affairs:	members, the signature of the person app	pointed and lis
activities and affairs:		
. If there are no members, enter the name and address	of the person appointed to wind up the	company's
605.0707, Florida Statutes, (copy 605.0707 on back of	cover letter).	ant to section
listed as the document's effective date on the Departmen	t of State's records.	
(effective date cannot be prior to or more	re than 90 days later than date document is receive	ed for filing) s date will not b
document number L10000088995	_	
The Articles of Organization were filed on August 2	4, 2010 and assigned	
5.	The delayed effective date the dissolution if not effective date cannot be prior to or more Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of The dissolution was approved by the member and managed activities and affairs: Signature of an authorized person or if there are no	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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records. A description of occurrence that resulted in the limited liability company's dissolution pursus 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The dissolution was approved by the member and manager of the Company. If there are no members, enter the name and address of the person appointed to wind up the activities and affairs: Signature of an authorized person or if there are no members, the signature of the person appointed to wind up the company's activities and affairs: Nylah J. Thompson

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:
Document number of Limited Liability Company is: L10000088995
Date of dissolution was: April 8, 2022
Description of information that must be included in a written claim:
Name of claimants, date of claim, event giving rise to claim, amount claimed, and name, address, and
telephone number of contact to whom the Company should reply regarding the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO Box 2448, Plant City, Florida 33564-2448
A claim against the above named limited liability company will be barred unless a proceeding to enforce to claim is commenced within 4 years after the filing of this notice.
Nylah J. Thompson
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