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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(019,000.012,p) Holla //		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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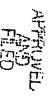
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Taltek LLC DISSOLUTION
(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:
Mogus D Mochena
(Name of Person)
Taltek LLC
(Firm/Company)
5421 Ashton C1
(Address) (Address)
Tallahassee FL 32317
(City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
MARKS D Mochena at 850 321-5265
(Name of Person) (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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is 7a / tek // C	
2.	The Articles of Organization were filed on $\frac{02/01/201/}{2000}$ and assigned document number $\frac{1}{2000} \frac{1}{3404}$	
3.	The delayed effective date the dissolution if not effective on the date of filing:	
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). The expected partnership did you work out.	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Mog us D Machena 5421 Ashton CT 70//ahassee FL 323/7	S S S S S S S S S S S S S S S S S S S
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed gove to wind up the company's activities and affairs: Signature	
	Poque Mockera Mogus Mochena	

FILING FEE: \$25.00