<u> L110000029169</u>

(Re	questor's Name)	
	dX	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TERETARY OF STATE

AHASSEE, FLORIDA

APR 0 6 2016

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COVER LETTER

TO: Registration Section Division of Corporations	_	
SUBJECT: TAIDOC (Name of Limited	Liability Company)	
(Name of Limited	Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this matter to th	e following:	
Camton	v Lee of Person)	
(Name	of Person)	
(Firm/Company)		
	• •	
(A	ddress)	
9161 hard Ar	33410	
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
Cormen Lee	861 8001-4029	
(Name of Person)	at (<u>S61)</u> <u>8001–4029</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
1 525.00 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Taliahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ı.	The name of a limited liability company is
	Tako Keelly Group HC
2.	Tapo K. selly Group / LC The Articles of Organization were filed on 3/9/201/ and assigned
	document number <u>L/1/0005 29169</u>
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 at mors
	•
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	The Corner V Lee
	Signature Printed Name
•	FILING FEE: \$25.00
	E COLOR