

L11000035555

(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:

Office Use Only



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08/03/15--01043--022 **25.00

08/28/15--01003--002 **40.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 26 P 4:18

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2015

TARANEH R. ESCOBAR
TM GIRDLES LLC
3007 W. COMMERCIAL BLVD, SUITE 203
FORT LAUDERDALE, FL 33309

SUBJECT: TM GIRDLES LLC
Ref. Number: L11000035555

Memo #: 016901-B

This letter is to inform you that your check number 1546 for \$25.00, which was dated July 27, 2015 and submitted for TM GIRDLES LLC has been returned to us by your bank because of DO NOT RE-PRESENT.

We are notifying you because our records indicate that the paperwork for TM GIRDLES LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$40.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: STACY M MASON
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6887.

Garry Leonard
Administrative Assistant

Letter Number: 415A00017307



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2015

TARANEH R. ESCOBAR
TM GIRDLES LLC
3007 W. COMMERCIAL BLVD, SUITE 203
FORT LAUDERDALE, FL 33309

SUBJECT: TM GIRDLES LLC
Ref. Number: L11000035555

We have received your document for TM GIRDLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00016396

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TM GIRDLES, 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:

TARANEH R. ESCOBAR

(Name of Person)

(Firm/Company)

3007 W. COMMERCIAL BLVD. STE 203

(Address)

FT. LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

TARANEH ESCOBAR

(Name of Person)

at (**954**) **663-6079**

(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:

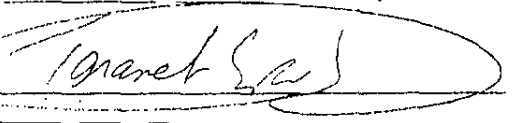
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
TM GIRDLES LLC
2. The Articles of Organization were filed on 03/21/2011 and assigned
document number L1100003555
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).
BUSINESS CLOSED
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. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

TARANEH R. ESCOBAR

Printed Name

FILING FEE: \$25.00

2015 AUG 26 P 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED