

LI 000052980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

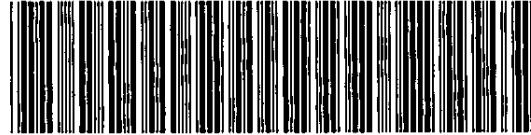
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267124113

300267124113
12/03/14--01021--007 **25.00

2014 DEC -8 PM 1:01
SECRETARY OF STATE
KATHARINE F. HARRIS

DEC 15 2014

I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HOLDINGS TSP, 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:

John Isam

(Name of Person)

FLORIDA HOLDINGS TSP, LLC

(Firm/Company)

6900 Daniels Pkwy STE29 PMB357

(Address)

Fort Myers, FL 33912

(City/State and Zip Code)

2014 DEC -8 AM 1:01
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

John Isam

(Name of Person)

905

at ()

488-0765

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

4 \$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

FLORIDA HOLDINGS TSP, LLC

2. The Articles of Organization were filed on 05/05/2011 and assigned

document number L11000052980

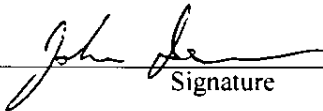
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

All Members have consented to Dissolution.

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

John E. Isam

Printed Name

FILING FEE: \$25.00

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: FLORIDA HOLDINGS TSP, LLC

Document number of Limited Liability Company is: L11000052980

Date of dissolution was: 12/01/2014

Description of information that must be included in a written claim:

Short Plain Statement of the Claim

Amount of the Claim

A copy of each document supporting the claim.

The date the claim arose.

2014 DEC -8 PM 1:01
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

John E. Isam

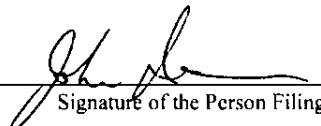
6900 Daniels Pkwy STE29 PMB357

Fort Myers, FL 33908

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

John E. Isam

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