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(Requ	estor's Name)	
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(City/s	State/Zip/Phone	+ #)
PICK-UP	□ MAIT	MAIL
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(Busin	ness Entity Nam	ne)
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

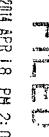




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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	TC AMA LOANS, LLC			
	(Name of Limited Liability Company)			
	Articles of Dissolution and fee(s) are submitted for filing. all correspondence concerning this matter to the following:			
	Alex Michelini			
	(Name of Person)			
	Trax Capital Management			
(Firm/Company)				
200 S. Orange Ave. Suite 2800				
	(Address)			
Orlando, Florida 32801				
	(City/State and Zip Code)			

For further information concerning this matter, please call:

✓ \$25.00 Filing Fee and Certificate of Dissolution

Alex Michelini

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

\$55.00 Filing Fee, Certificate of Dissolution, & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil TC AMA LOANS, LLC	ity company is
2. The Articles of Organizatio	were filed on 07/18/2011 and assigned
document number L11000	
3. The delayed effective date t	he dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing)
605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter). voluntary dissolution. Entity no longer conducting business.
All members consent to	Voluntary dissolution. Entity no longer conducting business.
5. If there are no members, en	er the name and address of the person appointed to wind up the company's
delivities and arrains.	
Signature of an authorized plisted above to wind up the cor	erson or if there are no members, the signature of the person appointed and pany's activities and affairs:
ZeZ	Bryan Brewer
Signature	Printed Name S

FILING FEE: \$25.00