L11000082315

(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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COVER LETTER

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ted for filing.
the following:
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m/Company)
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(Address)
ate and Zip Code)
407 377-0565
at () (Area Code & Daytime Telephone Number)
20 ≫ 20
S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301
r

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is TC AMA LOANS II
2.	The Articles of Organization were filed on and assigned and assigned
	document number L11000082315
3.	The delayed effective date the dissolution if not effective on the date of filing: Immediately (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).
	Members consent to voluntary dissolution. Entity no longer conducting business.
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 led above to wind up the company's activities and affairs:
	7632 Bryan Brewer Bryan Brewer
	Signature Printed Name
	FILING FEE: \$25.00