

12/30/2016

L11000102123

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA & ASSOC.
Account Number : I20070000089
Phone : (813)260-4103
Fax Number : (813)909-8803

LLC DISSOLUTION OR WITHDRAWAL
TNS SOLUTIONS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNS SOLUTIONS, 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:

ROBERT GRAHAM

(Name of Person)

ROBERT GRAHAM CPA LLC

(Firm/Company)

1518 NORWICK DRIVE

(Address)

LUTZ, FL 33559

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT GRAHAM

(Name of Person)

at 813 260-4103

(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
TNS SOLUTIONS, LLC
-
2. The Articles of Organization were filed on 09/07/2011 and assigned
document number L11000102123
-
3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31, 2016
(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 OF ALL OF THE MEMBERS TO DISOLVE . ALL BUSINESS ACTIVITY HAS CEASED
-
-
-
-
-
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

MICHAEL PIPER

Printed Name _____

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: TNS SOLUTIONS, LLC

Document number of Limited Liability Company is: L11000102123

Date of dissolution was: 12/31/2016

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

CREDITOR NAME ADDRESS TELEPHONE
NUMBER, AMOUNT OF THE CLAIM, NATURE AND
DISCRIPTION OF CLAIM

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

8888 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

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.

MICHAEL PIPER

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

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