

211 000113912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

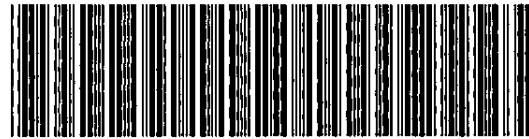
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100256603651

02/18/14--01040--019 \*\*525.00

RECEIVED  
14 FEB 18 AM 10:23  
TALLAHASSEE, FL 32304  
SECURITY DIVISION

J. Blawie FEB 19 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TSP Fox, 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:

Susan Davies, Paralegal  
(Name of Person)

Trade Street Residential Inc  
(Firm/Company)

19950 W Country Club Dr, #800  
(Address)

Aventura, Florida 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Davies at ( 786 ) 248-6022  
(Name of Person) (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

TSP Fox, LLC

2. The Articles of Organization were filed on 10/5/2011 and assigned  
document number L11000113912

3. The delayed effective date the dissolution if not effective on the date of 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).

Consent of all members to dissolve.

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

Printed Name



Greg Baumann

FILING FEE: \$25.00

RECEIVED  
14 FEB 18 AM 10:23  
TALLAHASSEE, FLORIDA