

L11000130564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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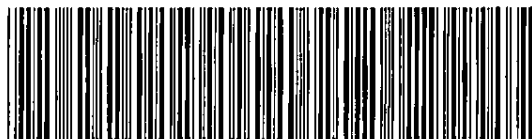
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T Two Consulting 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:

Anthony Treglia  
(Name of Person)

(Firm Company)

701 Bauer Ln  
(Address)

Ennis, MT 59729  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Treglin at 406, 599 8021  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

TTWO Consulting, LLC

2. The Articles of Organization were filed on Nov 16, 2011 and assigned

document number L11000130564

3. The delayed effective date the dissolution if not effective on the date of filing: 1/10/2024  
(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).

No longer active business, no clients or  
revenue.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Anthony Treglia  
741 Bauer Ln  
Ennis, MT 59729  
406 599 8021

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:

Anthony Treglia  
Signature

Anthony Treglia  
Printed Name

**FILING FEE: \$25.00**

2024 JAN 11 PM 12:28  
DEPT. OF STATE  
FILED

FILED