11000/43855

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	,	
<u> </u>		

Office Use Only



700269018797

02/10/15--01003--009 **25.00

15 FEB 10 PH 12: 09
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

FEB 2 0 2015

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TECHNOLOGY LIVEN INVESTMENTS, 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:

For further information concerning this matter, please call:

(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
TECHNOLOGY RIVER INVESTMENTS, LLC
TECHNOLOGY RIVER INVESTMENTS, LLC 2. The Articles of Organization were filed on 12/27/2011 and assigned
document number <u>L // 000 /43855</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)
 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).
Company CEASED DENATIONS
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
GARY O. ALTKANSEN 4285 3. W. MARTIN HIGHWAY PARM CITY, FL 34990
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 GALY D. ALEXANSEN Printed Name
FILING FEE: \$25.00

15 FEB 10 PM 12: 09
SECRETARY OF STATE
ANASSEE, FLORIDA