

L12000024585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 FEB 26 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

K. SALY  
EXAMINER  
MAR -1

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLS Properties & 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:

Terri L Speaks

(Name of Person)

(Firm/Company)

1535 Smoketree Circle

(Address)

Apopka, FL 32712

(City/State and Zip Code)

For further information concerning this matter, please call:

Terri Speaks

(Name of Person)

at ( 407 ) 415-0506

(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**

FILED  
2016 FEB 26 PM 3:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
\_\_\_\_\_  
TLS Properties & Investments LLC

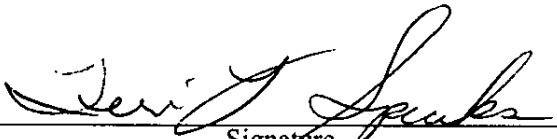
2. The Articles of Organization were filed on 02/21/2012 and assigned  
document number L12000024585

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2015  
(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).  
Closed 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: Terri L Speaks 1535 Smoketree Circle, Apopka, FL 32712

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

Terri L Speaks

Printed Name

**FILING FEE: \$25.00**