

L12000029767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

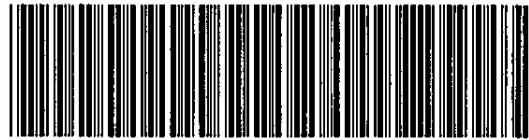
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 OCT 28 AM 10:04
CLERK OF STATE
TALLAHASSEE FLORIDA

OCT 30 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIZIN GROUP, 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:

MONICA L. HEIECK

(Name of Person)

EMPIRE BUSINESS PROCESSING, INC.

(Firm/Company)

P. O. BOX 1553

(Address)

WEBSTER, NY 14580

(City/State and Zip Code)

For further information concerning this matter, please call:

RUSSELL SINACORI

(Name of Person)

at (

704

400-3636

(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

CLERK OF COURT
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
TRIZIN GROUP, LLC

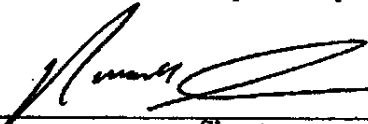
2. The Articles of Organization were filed on FEBRUARY 28, 2012 and assigned
document number L12000029767

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
THE CONSENT OF ALL THE MEMBERS.

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

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

RUSSELL SINACORI

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 28 AM 10:05

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