

L13000046816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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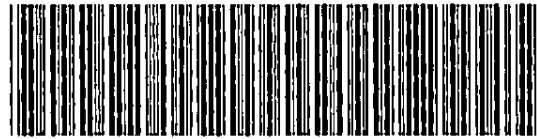
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIM CONSULTING LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H. Brown, Esq.

Name of Person

Blount Law, PL

Firm/Company

809 Walkerbilt Road, Suite 6

Address

Naples, FL 34110

City/State and Zip Code

jbrown@blountlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph H. Brown

Name of Person

at ( 239 ) 592-4815

Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: TIM CONSULTING LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000046816

**THIRD:** The date of filing of the initial articles of organization is: 03/29/2013

**FOURTH:** The date of filing of the dissolution is: \_\_\_\_\_

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
Signature of Authorized Representative

Heiko Bobzin  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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