

L13000046816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

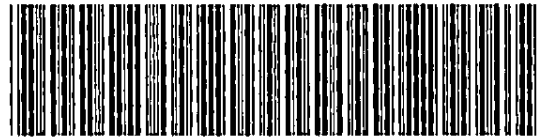
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400327514024

04/10/19--01011--009 ++25.00

FILED
19 APR 10 PM 5:18
TALLAHASSEE STATE
FILING OFFICE
TALLAHASSEE, FLORIDA

05
4/17/19

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 at (239) 592-4815
Name of Person 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)

FILED
19 APR 10 PM 5:18
STATE
SECRETARY
FLORIDA