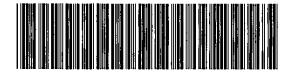
113000048584

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL ·
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200256908332

02/24/14--01010--020 **25.00

2014 F.C.D. 24 F.T.I.Z. U.S. SECRETARY OF STATE ALLAHASSEE, FLORIDA

FEB 2 5 2013 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: TRANSATLANTIC DEVENOPHENT LIC
(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:
· · · · · · · · · · · · · · · · · · ·
PHILIP RENNETT (Name of Person)
(Name of Person)
TRANSATIANTIC DEVELOPMENT LLC (Firm/Company)
(Firm/Company)
8908 Keinsilook Deirk (Address)
(Address)
Cocy/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
PHILIP BENKTT at (352) 246 8170 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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 TRANSATLANT C DEVELOPMENT LL C
2.	The Articles of Organization were filed on ARIL 03,2013 and assigned document number L 1 3000048584
3.	The delayed effective date the dissolution if not effective on the date of filing: NA.
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).
	NOW TRACING MOULD OUT OF STATE
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Printed Name
	PHILIP BENNETT

FILING FEE: \$25.00

FILED

2014 FEB 24 PM 12: 06

SECRETARY DE STATE.