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





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* COVER LETTER

TO:

Registration Section Division of Corporations

TILEPRINTING.COM, LLC

SUBJECT: _	*		
_	(Name of Limite	ed Liability Compa	any)
The enclosed A	rticles of Dissolution and fee(s) are submitt	ted for filing.	
Please return al	I correspondence concerning this matter to	the following:	
	Michael Dupre		
	(Nan	ne of Person)	
	(Fin	n/Company)	
	7740 Balboa Blvd SPC 185		
	(Address)	
	Van Nuys, CA 90146		
	(City/Sta	te and Zip Code)	
For further info	rmation concerning this matter, please call:		
Mich	nael Dupre	727 at (403-0169
	(Name of Person)		Code & Daytime Telephone Number)
Enclosed is a cho	eck for the following amount:	-	
■ \$25.00 Filing Fee and Certificate of Dissolution			ng Fee, Certificate of Dissolution & 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

FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is TILEPRINTING.COM, LLC
2.	The Articles of Organization were filed on and assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: (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).
	Never did any business and now moved 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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Michael Dupre
/	Signature Printed Name FILING FEE: \$25.00