

L13000/47460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

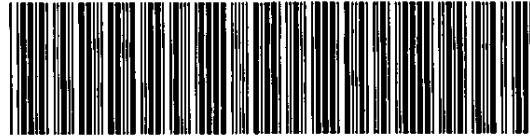
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

EFFECTIVE DATE 09/30/14



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07/13/16--01008--011 \*\*25.00

2016 JUL 13 A 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 14 2015  
O. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TLC SALES SOLUTIONS, 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:

TINA L. CHERPES  
(Name of Person)

TLC SALES SOLUTIONS, LLC  
(Firm/Company)

1401 RIVERPLACE BLVD. #2405  
(Address)

JACKSONVILLE, FL 32207  
(City/State and Zip Code)

2018 JUL 13 A 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TINA L. CHERPES at ( 314 ) 749-7689  
(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

TLC SALES SOLUTIONS, LLC

2. The Articles of Organization were filed on 10.21.2013 and assigned

document number L13000147460

(SEPT. 30, 2016)

3. The delayed effective date the dissolution if not effective on the date of filing: 9.30.2016  
(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).

LACK OF INTEREST TO SUPPORT

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

TINA L. CHERPES

1401 RIVERPLACE BLVD. #2405

JACKSONVILLE, FL 32207

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

TINA L. CHERPES

Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE

09/30/16

2016 JUL 13 4:49 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TLC Sales Solutions LLC

Document number of Limited Liability Company is: L13000147460

Date of dissolution was: 12.31.16

Description of information that must be included in a written claim:

NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

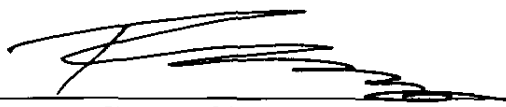
CLAIM DESCRIPTION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1401 RIVERPLACE BLVD #2405  
JACKSONVILLE, FL 32207

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

TINA L. CHERPES  
Printed Name of the Person Filing

  
Signature of the Person Filing