

L13000153057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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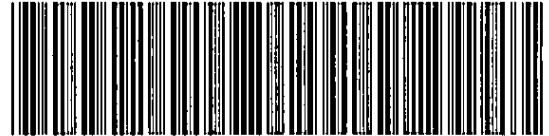
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 11 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAP HOUSE HOLDINGS 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:

Carlos Solis

\_\_\_\_\_  
Name of Person

Tap House Holdings LLC

\_\_\_\_\_  
Firm/Company

201 La Vereda Road

\_\_\_\_\_  
Address

Pasadena, CA 91105

\_\_\_\_\_  
City/State and Zip Code

carlossolis1000@yahoo.com

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

For further information concerning this matter, please call:

Carlos Solis

at ( 626 ) 793-8334

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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: TAP HOUSE HOLDINGS LLC

**SECOND:** The Florida Document number of the limited liability company is: L13000153057

**THIRD:** The date of filing of the initial articles of organization is: October 30, 2013

**FOURTH:** The date of filing of the dissolution is: October 9, 2019

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

Carlos Solis

Signature of Authorized Representative

Carlos Solis

Typed or printed name of signature

**FILED**  
2020 OCT 13 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)