L14000001802

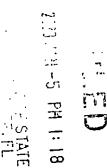
(Requestor's Name)						
`						
(Address)						
(and the second						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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The Law Office of Traci C. Steen, Esq.

6896 15th Ave N St. Petersburg, FL 33710 Cell: 727-224-1697 Fax: 800-948-8847

maci <u>a</u> tsteenlaw.com

FlaBet # 389481 Read I state Transaction Title Closing Services Estate Planning Probate Member The Fund

December 31, 2022

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

RE: L14000001802

Dear Clerk,

Please see the enclosed request to dissolve the above LLC as of 12/31/22. Also enclosed is a check for the filing fee. If you have any questions, please contact me at 727-224-1697. Thank you.

Thank you for your assistance.

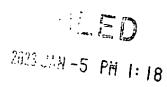
W. W.

Traci C. Steen

COVER LETTER

TO:	Registration Section Division of Corporations					
eunu	TNT CONSULTING SERVICES, LLC					
SUBJECT: (Name of Limited Liability Company)						
	closed Articles of Dissolution and fee(s) are submitte return all correspondence concerning this matter to the					
	TRACI C. STEEN					
	(Name of Person)					
	THE LAW OFFICE OF TRACIC. STEEN					
	(Firm	/Company)				
	6896 15TH AVE N					
	(A	ddress)				
	ST PETERSBURG, FL 33710					
	(City/State	and Zip Code)				
For fu	rther information concerning this matter, please call:					
	TRACI C STEEN	at (727 224-1697 (Area Code & Daytime Telephone Number)				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabil			OF STAT		
2.	The Articles of Organizatio	n were filed on 1/1/2014		and assigned		
	document number L140000	01802	_			
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 605.0707, Florida Statutes, (that resulted in the limit (copy 605.0707 on back of	ed liability company's over letter).	dissolution pursuant to section		
	THE SOLE PROVIDER MEN	• •				
			 -			
5.	If there are no members, en activities and affairs:	ter the name and address TRACLC STEEN	of the person appoint	ed to wind up the company's		
	6896 15TH AVE N					
		ST PETERSBURG FL 33710				
6. ab	Signature of an authorized pove to wind up the company	person or if there are no nos activities and affairs:	nembers, the signature	of the person appointed and listed		
	1	,	TRACIC. STEEN			
	Signature		Prin	ted Name		

FILING FEE: \$25.00