

L14 0000 16573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

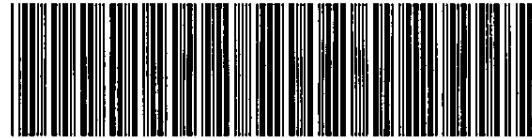
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/04/14--01012--025 **25.00

FILED
14 APR -4 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRC Live, 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:

Jay L Wilson

(Name of Person)

(Firm/Company)

616 North Ave Apt C

(Address)

Tarpon Springs, FL 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Rashad Harrell

(Name of Person)

at (727) 466-7027
(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:

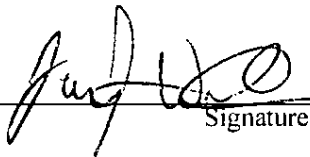
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
TRC Live, LLC
2. The Articles of Organization were filed on 1/21/2014 and assigned
document number L14000016573
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)
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).
TRC Live, LLC and it's members will no longer act as a limited liability company and la
WILL DISSOLVE TO CONTINUE AS A PARTNER SHIP
WITH NO ORGANIZATION.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Jay L. Wilson
616 North Ave
Apt C
Tarpon Springs, FL 34689
6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:


Signature

Jay L. Wilson
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA