| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



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02/16/16--01036--004 \*\*25.00

FILING CANCELLED RETURNED CHECK

FEB 1 8 2016 Y SULKER

# **COVER LETTER**

| Division of Corporations  |  |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|
| SUBJECT:                  | BJECT: TECROLOGIES UC  |  |  |  |  |  |  |
|                           | (Name of Limited Liability Company)  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |
| The enclosed Ar           | ticles of Dissolution and fee(s) are submitted for filing.   |  |  |  |  |  |  |
| Please return all         | correspondence concerning this matter to the following:  |  |  |  |  |  |  |
|                           | JESSICA TENAGUIS PA  |  |  |  |  |  |  |
|                           | (Name of Person)   |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |
|                           | (Firm/Company)   |  |  |  |  |  |  |
|                           | FOET LANSEME \$\frac{1}{2} 33301   |  |  |  |  |  |  |
|                           | (Address)  |  |  |  |  |  |  |
|                           | FOR CANSENNE 12 33301  |  |  |  |  |  |  |
| (City/State and Zip Code) |  |  |  |  |  |  |  |
|                           | mation concerning this matter, please call:  |  |  |  |  |  |  |
|                           | Name of Person) at (786) 3444106 (Area Code & Daytime Telephone Number)  |  |  |  |  |  |  |
|                           | (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |  |  |
| Enclosed is a chec        | ck for the following amount:   |  |  |  |  |  |  |
| <b>\$25.00</b>            | Filing Fee and Certificate of Dissolution    \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |

# MAILING ADDRESS:

TO:

Registration Section

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

# 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: TECRAFLIGHT TECRO   | coaies UC.                  | _                    |
|--|-----------------------------|----------------------|
| Document number of Limited Liability Company is: <u>L 140000 31</u>  |                             | _                    |
| Date of dissolution was: D8/01/2016  | FILING CAN                  | CELLED               |
| Description of information that must be included in a written claim:   | RETURNED                    | CHECK                |
| JESSICA TENAGLIS  100 N. FESERA HWY #102.  FORT LANDERDARE FR 335  |                             | _                    |
| 100 N. Fesera Hwy #102   | 5                           | _ <del></del>        |
| FOR CAUDEIDARE FR 335  | 0/                          |                      |
|  |                             | 6                    |
|  |                             | PHIP                 |
|  | <b>©</b> ;                  | <b>∵</b><br><b>છ</b> |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division   | ion of Corporations)        | 0                    |
| 100 M. FeberAc Hwy #1025   |                             |                      |
| 100 M. Feberal they #1025<br>FORT LANDERSHE TO 33301   | ·                           |                      |
|  |                             |                      |
|  | <del></del>                 |                      |
|  | <del></del>                 |                      |
| A claim against the above named limited liability company will be barred unle claim is commenced within 4 years after the filing of this notice. | ess a proceeding to enforce | the                  |
| Plum JESSICA TENAGUS PL  | euns                        |                      |
| Printed Name of the Person Filing Signature  | re of the Person Filing     | -                    |

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

# FILING CANCELLED RETURNED CHECK

| 1.        | The name of a limited liability company is  |                                   |                          |
|-----------|---|-----------------------------------|--------------------------|
| 2.        | The Articles of Organization were filed on $\frac{02/94/30/4}{}$ and assigned   |                                   | _                        |
|           | document number <u>L 14000031153</u>  |                                   |                          |
| 3.        | The delayed effective date the dissolution if not effective on the date of filing: 02/0/ (effective date cannot be prior to or more than 90 days later than date document is received.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records. | 20/0<br>ed for filin<br>date will | <u>/g</u><br>g)<br>not b |
| 4.        | A description of occurrence that resulted in the limited liability company's dissolution pursu 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  | ant to se                         | ction                    |
|           |   | <u> </u>                          | <u>_</u> 6               |
|           |   | n gha<br>angan<br>angan<br>angan  | EB3                      |
|           |   | សា ន<br>ស្រ<br>my =<br>my         | _б<br>                   |
|           |   | 100 P                             | H 12:                    |
| 5         | If there are no members, enter the name and address of the person appointed to wind up the  | company                           | <del>့</del> မ           |
| ν.        | activities and affairs: 100 N. Feberac Hwy 102.   | 5                                 | _                        |
|           | FOUT LANGEDMEN TO 333   | 301.                              |                          |
|           | FORT LANGEDONIE TE 333  |                                   |                          |
|           |   | -                                 |                          |
| 6.<br>lis | Signature of an authorized person or if there are no members, the signature of the person appared above to wind up the company's activities and affairs:  | oointed a                         | —<br>nd                  |
|           | Comment JESTICA TENA  | GUI                               |                          |
|           | Signature Printed Name  |                                   | _                        |
|           | FILING FEE: \$25.00   |                                   |                          |