14000042530

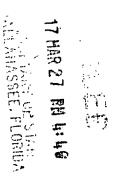
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	
<u>:</u>		
<u>. </u>		

Office Use Only



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COVER LETTER

	·		
TO: Registration Section Division of Corporations			
SUBJECT: TPOZ LLC			
	d Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.		
Please return all correspondence concerning this matter to the following:			
Terry L Posmer			
(Name	e of Person)		
(Firm/Company)			
8226 Pinehurst Driv	/e		
· (A	Address)		
Spring Hill FL 3460	6		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Terry L Posmer	_{at (} 770 270-5227		
(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:	STREET/COURIER ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	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 TPOZ LLC
2.	The Articles of Organization were filed on March 13, 2014 and assigned
	document number L14000042530
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 b 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).
	I have sold the assets.
j	•
	70 PM
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	The state of the s
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Terry L Posmer Signature Printed Name

FILING FEE: \$25.00

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: TPOZ LLC
Document number of Limited Liability Company is: L14000042530
Date of dissolution was: March 31, 2017
Description of information that must be included in a written claim:
I have sold the assets
7
(a) N (a) N
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Terry L Posmer
8226 Pinehurst Drive
Spring Hill FL 34606
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.
Terry L Posmer Dung J. Posmu
Printed Name of the Person Filing Signature of the Person Filing

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