

**\*L14000061620**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

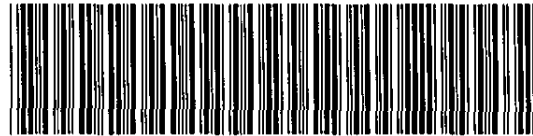
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/27/15--01016--019 \*\*25.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILINGS

15 MAR 27 PM 2:04

NOTIFIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

RECEIVED  
AND  
FILED

15 MAR 27 PM 2:11

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 27 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TempoTrader, 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:

David Yaffe

(Name of Person)

Business Law Clinic

(Firm/Company)

425 West Jefferson Street

(Address)

Tallahassee, FL 32306

(City/State and Zip Code)

For further information concerning this matter, please call:

David Yaffe

(Name of Person)

305

at ( )

336-6387

(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

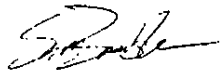
**ARTICLES OF DISSOLUTION  
FOR  
TempoTrader, LLC**

APPROVAL  
AND  
FILED

15 MAR 27 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is TempoTrader, LLC
2. The Articles of Organization were filed on 04/15/14 and assigned document number L14000061620
3. The delayed effective date of dissolution, if not the effective day of filing, is  
\_\_\_\_\_
4. A description of occurrences that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes  
The unanimous consent of the members.  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, the name and address of the person(s) appointed to wind up the company's activities and affairs: Samuel Bradshaw 316 Hayden Road, Tallahassee, Florida 32304
6. Signature of an authorized person or if there is no authorized person, the signature of the person appointed and listed above to wind up the company's activities and affairs:



\_\_\_\_\_  
Signature

Samuel Bradshaw  
\_\_\_\_\_  
Printed Name