LIHLLUSSS MA

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

10:	Registration Section	
	Division of Corporations	

SUBJECT: CTC Development Solutions 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:

J.P. Christensen (Name of Person)		
CTC Development Solutions		
5510 Bentarass DRIVE # 104	2015 JUL SECRET	Π
Sarasota FL 34235 (City/State and Zip Code)	TARY OF ASSEE. F	
For further information concerning this matter, please call:	12: 28 STATE LORIDA	
TD Christonian 941, 737-	9 u 4 2	

Enclosed is a check for the following amount:

- \$25.00 Filing Fee and Certificate of Dissolution

(Name of Person)

 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

(Area Code & Daytime Telephone Number)

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 CTC Development Solutions LLC.
2.	The Articles of Organization were filed on $\frac{5/28/14}{}$ and assigned
	document number <u>L140004855</u> 96
3.	The delayed effective date the dissolution if not effective on the date of 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).
	Demand for product no longer there so company dissolved
5.	If there are no members, enter the name and address of the person appointed to wind with company's activities and affairs: Christensen J P. D. T. Solvensen
6. lis	Timmen, Fred 5510 Bendgrass Drive 5020 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:
7	Signature X John Peter Christins

FILING FEE: \$25.00