

L14000096643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

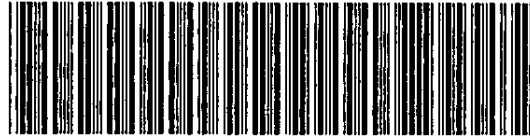
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600269702896

02/26/15--01013--016 \*\*25.00

FILED  
2015 FEB 26 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 9 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAB TECH 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:

Damian Piquera

\_\_\_\_\_  
(Name of Person)

N/A

\_\_\_\_\_  
(Firm/Company)

30111 SW 149th AVE

\_\_\_\_\_  
(Address)

Homestead FL, 33033

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Damian Piquera

\_\_\_\_\_  
(Name of Person)

305

7814809

at (\_\_\_\_\_) \_\_\_\_\_

(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**

FILED  
2015 FEB 26 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
TAB TECH LLC

2. The Articles of Organization were filed on 06/17/2014 and assigned  
document number L14000096643

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).

For the entire time the company was in business only losses were reportend

with no profits.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Damian Piquera

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
\_\_\_\_\_  
Signature

Damian Piquera  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**