# 114000181823

(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:
J. HORNE JUN - 7 2022

Office Use Only



800387957898

2022 JUN -6 AM 8: 54

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

44.5

ACCOUNT NO. : I2000000195

REFERENCE : 723676 5151529

AUTHORIZATION :

COST LIMIT : \$ 25000 Clade

ORDER DATE: June 3, 2022

ORDER TIME : 3:55 PM

ORDER NO. : 723676-060

CUSTOMER NO: 5151529

-----

#### DOMESTIC FILINGS

NAME: TROS DTTS LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

TROS DTTS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Lacroix

(Name of Person)

SP+ Corporation

(Firm/Company)

200 E Randolph St, Suite 7700

(Address)

Chicago IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Lacroix

...312 \ 274-203

(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:**

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

i.	The name of a limited liability company is		
	TROS DTTS, LLC		(19 <b>골</b>
2.	The Articles of Organization were filed on 12/0	9/2014 and assigned	
	document number L14000187823		
3.	The delayed effective date the dissolution if not (effective date cannot be prior to a Note: If the date inserted in this block does not meet listed as the document's effective date on the Depart	or more than 90 days later than date document is receive to the applicable statutory filing requirements, this	d for filing) date will not be
4.	A description of occurrence that resulted in the 605.0707, Florida Statutes, (copy 605.0707 on b	limited liability company's dissolution pursua ack cover letter).	nt to section
	The consent of all of the members of the limited liab	ility company to dissolve the limited liability comp	запу.
5.	If there are no members, enter the name and add activities and affairs:	dress of the person appointed to wind up the c	ompany's
	activities and arians.		·
			<u></u>
6. li	Signature of an authorized person or if there are sted above to wind up the company's activities as	e no members, the signature of the person app nd affairs:	ointed and
	OSCI	Ritu Vig	
	✓ Signatufe	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: TROS DTTS, LLC

Printed Name of the Person Filing

Date of dissolution was: May 3, 2022	
Description of information that must be included in a written cla	im:
The nature and amount of the Clain	n. Claims must be in
writing and sent to the address belo	W
Mailing address where claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
Mailing address where claims can be sent: (Claims cannot be se	nt to the Division of Corporations)
	nt to the Division of Corporations)

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

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

TROS DTTS, 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:

Mary Lacroix

(Name of Person)

SP+ Corporation

(Firm/Company)

200 E Randolph St, Suite 7700

(Address)

Chicago IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Lacroix

<sub>...</sub>312 \ 274-2033

(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:**

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