

L15000017623

(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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02/27/15--01001--002 **55.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 26 PM 2:15
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FEB 27 2015
J. HARRIS

FILED
2015 FEB 26 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

TBB PARTNERS LLC**L15000017623****Thank you!**

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Dissolution	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
Dissolution		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/26/2015

ST

Order#:
9457613

Ref#: _____

Amount: \$ _____

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

TBB PARTNERS LLC

2. The Articles of Organization were filed on 01/29/2015 and assigned

document number L15000017623

3. The delayed effective date the dissolution if not effective on the date of filing: 02/26/2015
(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).

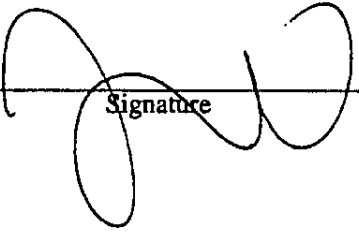
Lender required the entity to be a Delaware entity.

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

19950 West Country Club Drive, 10th Floor

Aventura, FL 33180

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

Jonathan Z. Kurry, attorney-in-fact

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 26 AM 10:22

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