# 007022

(Re	equestor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400283060624

03/11/16--01033--003 \*\*25.00

MAR 1 4 2016 Y SULKER

### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	ITG COMMUNICATIONS, LLC			
30 <b>0</b> 000	(Name of Limite	ed Liability Compar	ıy)	
The enclosed	Articles of Dissolution and fee(s) are submitted	ed for filing.		
Please return	all correspondence concerning this matter to t	he following:		
	Kelly Donley			
(Name of Person)				
Safford Motley PLC				
	(Firm/Company)			
	P.O. Box 120788			
	(Address)			
	Nashville, TN 37212			
	(City/Stat	e and Zip Code)		
For further in	formation concerning this matter, please call:			
Kel	ly Donley	615 at (	691-6472	
	(Name of Person)		de & Daytime Telephone Number)	
Enclosed is a cl	heck for the following amount:			
\$25.0	00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & opy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section		EET/COURIER ADDRESS: stration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is  ITG Communications, LLC				
2.	The Articles of Organization were filed on April 21, 2015 and assigned				
	document number L15000070221				
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)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
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).  All the members have consented to the dissolution of the limited liability company				
	and the winding up of its affairs.				
	<del>16</del>				
	AR STATE				
5.	If there are no members, enter the name and address of the person appointed to wind up the company's				
	activities and affairs:				
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and				
lis	ted above to wind up the company's activities and affairs:				
1/2	Signature Elizabeth Smith Printed Name				
	Signature Printed Name FILING FEE: \$25.00				
	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.

Document number of Limited Liability Company is:  Date of dissolution was:  Description of information that must be included in a written claim:  The legal name, address and contact infromation of the asserting entity; the amount of the claim; identification or brief description of the agreement or other circumstances:  under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	ITG Communications, LLC Name of Limited Liability Company:				
Date of dissolution was:  Description of information that must be included in a written claim:  The legal name, address and contact infromation of the asserting entity; the amount of the claim; identification or brief description of the agreement or other circumstances under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	L15000070221				
Description of information that must be included in a written claim:  The legal name, address and contact infromation of the asserting entity; the amount of the claim; identification or brief description of the agreement or other circumstances under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	Document number of Limited Liability Company is:				
The legal name, address and contact infromation of the asserting entity; the amount of the claim; identification or brief description of the agreement or other circumstances under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	Date of dissolution was:				
the claim; identification or brief description of the agreement or other circumstances under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	Description of information that must be included in a written claim:				
under which the claim arose; any other information you believe may be useful to verify the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	The legal name, address and contact infromation of the asserting entity; the amount of				
the nature and amount of the claim, including copies of any relevant documents.  Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	the claim; identification or brief description of the agreement or other circumstances				
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith	the contract of the contract o				
Attn: Elizabeth Smith	the nature and amount of the claim, including copies of any relevant documents.				
Attn: Elizabeth Smith					
201 Molly Walton Dr	Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Attn: Elizabeth Smith				
201 Mony Walton Dr.	201 Molly Walton Dr.				
Suite B	Suite B				
Hendersonville, TN 37075	Hendersonville, TN 37075				
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.  Elizabeth Smith	A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.				

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

Signature of the Person Filing