15000/09620

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/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:	





000306994580

12/26/17--01027--024 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: T4M motors ports 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:			
Tina Pleacher			
(Name of Person)			
(Firm/Company)			
1390 W Anza Ct			
Citrus Springs FL 34434			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Tina Pleacher at 352 422-6885 (Name of Person) (Area Code & Davtime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
25.00 Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: STREET/COURIER 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	
Tam motorsports LLC * Articles of Conversion	20
2. The Articles of Organization were filed on June 24, 2015 and assigned	
document number <u>L15000109620</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: Dec 20, 2017 (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).	
Closed business	
26 SSF	
5. If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:	
Tina Pleacher	
1390 W Anza C+	
Citrus spring FL 34434	
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:	
Lui Pleacher Tina Pleacher	
Signature Printed Name	1

FILING FEE: \$25.00