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| (Red | questor's Name) | | |
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| PICK-UP | WAIT | MAIL | |
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| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

OCT 0 9 2015 G. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporation | | | |
|--|---|---|--|
| SUBJECT: | TOWER FIR | ited Liability Company | <u>. </u> |
| The enclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | Rob | ERT MARCHAN | <u> </u> |
| | | Firm/Company | |
| | 1349 - | FLATHED COU | RT |
| | | Address T FL 3465 City/State and Zip Code | |
| | mo | City/State and Zip Code ychants 4 @ ho to be used for future annual report notifi | ofmail. COM. |
| For further information cond | cerning this matter, please ca | all: | # 5 |
| GAN | 27 SMITH | at (727) 68 | 60884 |
| Name of Po | | Area Code Daytime | Telephone Number |
| Enclosed is a check for the t | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & 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

| 1. | The name of a limited liability company is |
|-----------|--|
| | TOWER FINANCE, L.L.C. |
| 2. | The Articles of Organization were filed on $9/2/i7$ and assigned |
| | document number <u>L15000150870</u> |
| 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). MEMBERS COULD NOT GET/OBTAIN CUFFICIENT |
| | CAPITAL TO START BUSINESS |
| | |
| | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | activities and affairs: CAM STUD |
| | PAM HARDE FZ 34684 |
| | |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs: |
| | Came South |
| | Signature Printed Name |

FILING FEE: \$25.00