LI SOUNES 139

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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TUMBLEWEED INV	ESTMENTS	LLC				
	· · · · · · · · · · · · · · · · · · ·			Art of Inc. File		
				LTD Partnership File		
				Foreign Corp. File	_	
				L.C. File		
				Fictitious Name File		
				Trade/Service Mark		
		į		Merger File		
				Art, of Amend, File	~_	
				Art. of Amend. File	_ =====================================	•
				Dissolution / Withdrawal 2	<u> </u>	·
				Annual Report / Reinstatement		<u> </u>
				Cert. Copy	>	
				Photo Copy	Ċ	- -'
				Certificate of Good Standing	<u>-</u> -	_
				Certificate of Status		
				Certificate of Fictitious Name		
		:		Corp Record Search	<u></u>	
				Officer Search		
				Fictitious Search	_	
Cimatura				Fictitious Owner Search		
Signature			<u></u>	Vehicle Search		
				Driving Record	_	
Requested by: Seth	10/12/12			UCC 1 or 3 File		
	10/17/17			UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval		
Walk-In Phomassive GA 8/00	Will Pick Up			Courier		

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

TUMBLEWEED INVESTMENTS 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:

Julieta Bared					
(Name of Person)					
Bared & Associates, P.A.					
(Firm/Company)					
201 Alhambra Circle, Suite 601					
(Address)					
Coral Gables, FL 33134					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Mimi Bared

.305

666-6010

(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

1.	The name of a limited liab	• • •	
2.	The Articles of Organization	on were filed on 10/30/2015	and assigned
	document number L15000	185739	
3.	(effective Note: If the date inserted in	the dissolution if not effective on the date of filing educe cannot be prior to or more than 90 days later than date this block does not meet the applicable statutory filing ctive date on the Department of State's records.	document is received for filing)
1.	A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability company's d (copy 605.0707 on back cover letter).	issolution pursuant to sectio
		eed to dissolve the company due to termination of the be	usiness.
	If there are no members, en	nter the name and address of the person appointed Miguel Monnichmeyer	to wind up the company's
		284 E. Shore Drive	
		Miami, FL 33133	
			<u> </u>
i. ist	Signature of an authorized pel above to wind up the con	person or if there are no members, the signature of mpany's activities and affairs: Miguel Monnichmeyer	

FILING FEE: \$25.00