# L16000031795

| (Re                     | equestor's Name   | <del>)</del> |
|-------------------------|-------------------|--------------|
| (Ac                     | ddress)           |              |
| (Ac                     | ddress)           |              |
| (Ci                     | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bi                     | usiness Entity Na | me)          |
| (Do                     | ocument Number    | )            |
| Certified Copies        | _ Certificate     | es of Status |
| Special Instructions to | Filing Officer:   |              |
|                         |                   | ,            |
|                         |                   |              |
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RETARY OF STATE

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## COVER LETTER

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: TAX ASSOCIATES 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:   |  |  |
| Jennifer Talman (Name of Person)  |  |  |
| (Firm/Company)  |  |  |
| 6881 Bay Orive #1   |  |  |
| Miani Beach, FL 33141   |  |  |
| (City/State and Zip'Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| Jennifer Talman at (718) 594-2484<br>(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:**

TO:

Registration Section

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  | y company is<br>_x ASSociates, LLC   |  |
|---|--|--|
| 2. The Articles of Organization   | were filed on 21112016 and assigned  |  |
| document number   | •  |  |
| 3. The delayed effective date the dissolution if not effective on the date of filing: 5 0 2016 (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).   |  |  |
| Disso Lu  | tion   |  |
| 5. If there are no members, enter activities and affairs:   | the name and address of the person appointed to wind up the company's                                    |  |
|   | 6881 Bay Orive #1  |  |
| -   | miami Beach, FL 33141  |  |
| 6. Signature of an authorized per listed above to wind up the comp  | rson or if there are no members, the signature of the person appointed and any's activities and affairs: |  |
| Signature   | Toman Jennifee Talwart Printed Name Printed Name TO TOMAN  FILING FEE: \$25.00                           |  |
|   | F STATE 5.00   |  |