

L16000100372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

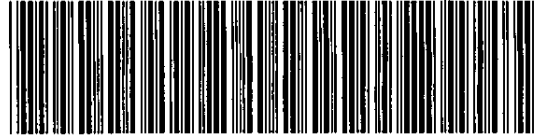
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 06 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T & D Roadshow 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:

Timothy Cox

Name of Person

Cox Concepts LLC

Firm/Company

13630 1st Ave

Address

Winter Garden, FL 34787

City/State and Zip Code

coxconceptsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Cox

321 202-6621
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$80.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

T & D Roadshow LLC

2. The Articles of Organization were filed on No Reports Filed and assigned

document number L16000100372

3. The delayed effective date the dissolution if not effective on the date of filing: 5/23/2016

(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.

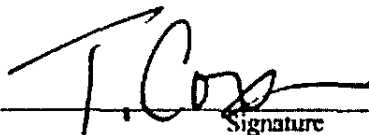
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

partners split up

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Tim Cox - 13630 1st Ave Winter Garden FL 34787

6. Signature of an authorized person or if there are no members, the signature of the person appointed as listed above to wind up the company's activities and affairs:


Signature

Tim Cox

Printed Name

FILING FEE: \$25.00

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