

L16600109893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

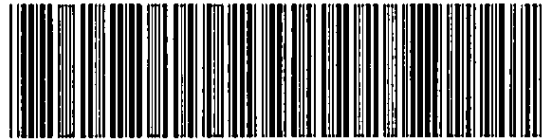
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Signature]

Office Use Only



300368715533

06/29/21--01034--006 **25.00

REC'D JUN 23 PM 4:26

June 25, 2021

To: Florida Department of State, Division of Corporations

Fr: Gregory Tarpinian



Re: Dissolution of Tarpgroup, LLC.

Document No.: L16000109893

I am hereby filing for the dissolution of Tarpgroup, LLC.

My phone No:

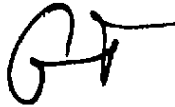
917-767-8464

My Return Address:

10726 Pine Tree Terrace

Boynton Beach, FL 33436

I have included a check for \$25. Thank you.



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARPGROUP 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:

GREGORY TARPINIEN
(Name of Person)

(Firm/Company)

10726 Pine Tree Terrace
(Address)

Boynton Beach, FLA 33436
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY TARPINIEN at (917) 767-8464
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

TARA GROUP

2. The Articles of Organization were filed on 06/07/2016 and assigned

document number L16000109893

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).

NO LONGER IN 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:

GREGORY TARPINIAN

10726 PINE TREE TERRACE

Boynton Beach, FLA. 33436

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:

Gregory Tarpinian
Signature

GREGORY TARPINIAN
Printed Name

FILING FEE: \$25.00