111000176435

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



200336277102

Signature of the Signat

8183 9 0 AON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/4/19

NAME:

TI-CASE, LLC

TYPE OF FILING: DISSOLUTION

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TI- CASE, LLC.	
(Name of Limited	Liability Company)
The analoged Amideo of Discolution and Sector as substituted	A for City
The enclosed Articles of Dissolution and fee(s) are submitted	i for filing.
Please return all correspondence concerning this matter to the	e following:
MARIA DE BEDOU	Т
(Name	of Person)
Next Legal	
(Firm/C	Company)
1395 Brickell Avenu	e, Suite 950
(Ad	ldress)
Miami, FL 33131	
(City/State	and Zip Code)
For further information concerning this matter, please call:	
MARIA DE BEDOUT	786 930-2896
(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:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is TI-CASE, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number L17000176435
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).
	Upon the filing of the articles of dissolution, the limited liability company shall cease conducting its business
	and shall continue solely for the purpose of winding up its affairs in accordance with s. 605.0709, except for the
	purpose of lawsuits, other proceedings, and appropriate action as provided in this chapter.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
ó. is	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
_	FIBIENNE GABRIEL Signature Printed Name
	FILING FEE: \$25.00