

L17000190174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

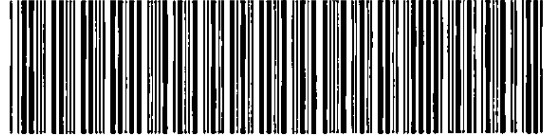
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 19 2022

Office Use Only



000392402620

FILED

60

2022 OCT 18 AM 9:19

SECRETARY OF STATE
FALL AHAASSEE 117

2022 OCT 18 PM 3:15

CLERK OF SUPERIOR COURT



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/18/2022

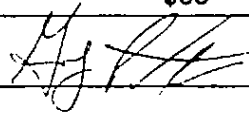
Name: Greg Pintacuda

Reference #: 1810496

Entity Name: TRG MEMBER OF FL IV, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other APON FILING PLEASE PROVIDE CERTIFIED COPY

Authorized Amount: \$55

Signature: 



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
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Account#: I20000000088

Date: 10/18/2022

Name: Greg Pintacuda

Reference #: 1810496

Entity Name: TRG MEMBER OF FL IV, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

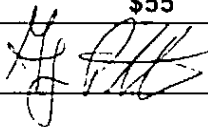
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other APON FILING PLEASE PROVIDE CERTIFIED COPY

Authorized Amount: \$55

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRG Member of FL IV, 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:

Joanne D. Flanagan

(Name of Person)

JDF, LLC

(Firm/Company)

777 West Putnam Avenue

(Address)

Greenwich, CT 06830

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa C. Behan

(Name of Person)

at (203)

869-0900

(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**

2022 OCT 18 AM 9:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
_____ TRG Member of FL IV, LLC _____
2. The Articles of Organization were filed on September 7, 2017 and assigned
document number L17000190174
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).
_____ Entity is no longer needed _____

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

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:

Samantha Anderes
Signature

Samantha Anderes
Printed Name

FILING FEE: \$25.00