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FALL AHASSET, FI ORIDA

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

Tango Holdings, 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:

Ronald C Holcombe				
(Name of Person)				
(Firm/Company)				
1121 W Price Blvd. Ste 103				
(Address)				
North Port, FL 34288				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Ronald Holcombe

.404

295-5685

(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/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 Tango Holdings, LLC	liability company is					•
2. The Articles of Organ	ization were filed on 10/01/	2019 · OZ-17	_ Z018 and assig	ined		
document number	180000383	<u>5</u> 8				
(e) <u>Note:</u> If the date insert	date the dissolution if not effective date cannot be prior to or sed in this block does not meet as effective date on the Departn	more than 90 days later the applicable statute	than date document is recy filing requirements	received for s, this date	r filing) will no	ot be
4. A description of occur 605.0707, Florida Stat	rrence that resulted in the li utes, (copy 605.0707 on bac	mited liability com ck cover letter).	pany's dissolution p	oursuant t	to sect	ion
				- 	19	
Underlying investments	sold			<u> </u>	<u> </u>	7
				ASSE	23	_
				- 00 S	≱ # 8:	
5. If there are no membe activities and affairs:	rs, enter the name and addr Ronald Holcombe	ess of the person ap	ppointed to wind up	the comp	pi ff ij's	
	1121 W. F	Pace Bus	STE 103			
	NORTH PO	r. Fi	34288		-	
6. Signature of an author listed above to wind up t	rized person or if there are a he company's activities and	no members, the sig Laffairs:	nature of the persor	ı appoint	ed and	
		Ronald Holcom				
Signature			Printed Name			

FILING FEE: \$25.00