

L18 0000852 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

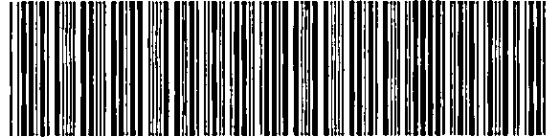
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/18/21 - 01014--1010 44,75,00

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2021 MAR 18 AM 7:49
FBI - JEFFERSON

D. BRUCE
MAY 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCRV 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:

Megan Petroff
(Name of Person)

(Firm/Company)

200 SE Cortez Ave. Stuart, FL
(Address)

Stuart FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

Megan Petroff at (954) 483 3200
(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

2021 MAR 18 AM 7:49
TALLAHASSEE
FILING

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

1. The name of a limited liability company is

TCRV LLC

2. The Articles of Organization were filed on 4/4/2018 and assigned

document number FL181209

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).

I am now an employee Full time in another
field of work and no longer in this field of 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:

Megan Petroff

200 SE Cortez Ave.

Stuart, FL 34994

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:

Megan Petroff
Signature

Megan Petroff
Printed Name

FILING FEE: \$25.00

2021 MAR 13 AM 7:49

FILED