

L18UWUW94001

(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:

Office Use Only



500327194655

04/10/19--01011--015 \*\*25.00

APPROVED  
AND  
FILED  
2019 APR 10 PM 2:23  
RECEIVED  
FBI  
FBI  
FBI

T.G.  
04/17/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tech Attack 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:

Joan M Davis  
(Name of Person)

Tech Attack LLC  
(Firm/Company)

260 Old Village Cnt Cir unit 8110  
(Address)

St Augustine FL 32084  
(City/State and Zip Code)

2019 APR 10 PM 2:23  
RECEIVED  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

For further information concerning this matter, please call:

Joan M Davis at ( 904 ) 553-2006  
(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 liability company is

Tech Attack LLC

2. The Articles of Organization were filed on 4/13/2018 and assigned

document number 82-5343260 (EIN)

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).

There was a lack of interest in the  
service offered and I was not making  
sufficient income

2019 APR 16 PM 2:23

APPROVED  
AND  
FILED

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

Joan M Davis

260 Old Village Center circle

Unit 8110

St. Aug FL, 32084

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:

Joan M Davis  
Signature

Joan M Davis  
Printed Name

**FILING FEE: \$25.00**