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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Tango Hotel of Longboat Key, (Name of Limited	LLC d Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Carl W. Andros				
(Name	e of Person)			
Andros, Floyd & Miller, P.C.				
	/Company)			
864 Wethersfield Avenue				
(A	(ddress)			
Hartford, CI 06114	-			
	r and Zip Code)			
For further information concerning this matter, please call:	SEP - SEP - I			
Carl W. Andros	at (860) 249-4400			
(Name of Person)	at (860) 249-4400 The Area Code & Daytime Telephone Number).			
Enclosed is a check for the following amount:	第4 %			
XX \$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	Registration Section Division of Corporations			
Division of Corporations	15tylston of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability of	company is			
Tango Hotel of Long	ooat Key, LLC_			
The Articles of Organization we	ere filed onJul	y 2, 2018	and assign	ed
document numberL180001	51578			
The delayed effective date the of (effective date) Note: If the date inserted in this belisted as the document's effective	cannot be prior to or mo clock does not meet th	ore than 90 days later e applicable statuto	than date document is recory filing requirements,	cived for filing) this date will not be
A description of occurrence tha 605.0707, Florida Statutes, (cop	resulted in the limi y 605.0707 on back	ited liability com cover letter).	pany's dissolution pu	rsuant to section
Consent of all the M	embers			
				··
				
· · · · · · · · · · · · · · · · · · ·				
If there are no members, enter the	ne name and address	s of the person ap	pointed to wind up tl	ne company's
activities and affairs:				~~~~
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Signature of an authorized perso ted above to wind up the compar	on or if there are no y's activities and af	members, the sig	nature of the person a	appointed and S
1	/			
lull A	1	Carl W.		
Signature		Printed Name		

FILING FEE: \$25.00