119000057631

(Requ	uestor's Name)	<u>-</u>
(Addr	ess)	
nbbA)	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Busi	ness Entity Nar	me)
(Досг	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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naitulosa a

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Tum Partners LLC (Name of Limited Liability Company)						
The er	nclosed Articles of Dissolution and fee(s) are submit	ted for filing.				
Please	return all correspondence concerning this matter to	the following:				
	Benia V	al To Seph				
	Tum Par	-Iners LLC m/Company)				
	1755 Leon	Road Apt 2614				
	<u>VACK Son Ville</u>	F1 3 22 46 We and Zip Code)				
For fu	rther information concerning this matter, please call:					
	Benice Val Jose (Name of Person)	Mat (_\(\sqrt{904}\)) 600 435 (Area Code & Daytime Telephone Number)				
Enclose	ed 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	STREET/COURIER ADDRESS: Registration Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liab				
_Tum Pa	stners L	Lc		·
2. The Articles of Organizati	on were filed on	2/28/19	and assigned	
document number <u></u> <u> </u>	900005763	Ĺ	,	/
Note: If the date inserted in	the dissolution if not effect we date cannot be prior to or more a this block does not meet the ective date on the Department	e than 90 days later than dat applicable statutory filing	e document is leceived for t	19 filing) will not be
4. A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the limit	ed liability company's (dissolution pursuant to	section
	take off!	over tetter).		<u>'</u>
_ <u></u>	june off.			120 125 125 126 127 127 127 127 127 127 127 127 127 127
				·
				=
5. If there are no members, e	nter the name and address	of the person appointed	d to wind up the compa	any s√o
activities and affairs:	Benio	\cap \circ	oseth	· .
	• •	eon Road	of 144 6	26/4
	JACK SOT	ville, El	32246	,
				
6. Signature of an authorized listed above to wind up the co	person or if there are no rompany's activities and aff	nembers, the signature airs:	of the person appointe	d and
		7		
D 8 1/10	~ / ~	Komô	Tas 0/1	Val
Signature	<u> </u>	Printe	ed Name	_r_cu

FILING FEE: \$25.00