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Division of Corporations Fax Number : (850)617-6383

From:

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	Account Name	:	CORPORATION SERVICE COMPANY
	Account Number	:	I20000000195
	Phone	:	(850)521-0821
	Fax Number	:	(850)558-1515

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## LLC DISSOLUTION OR WITHDRAWAL TAC EDGE, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations

TAC Edge, LLC

SUBJECT:

(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:

Kathy Darden (Name of Person) Polsinelli PC (Finu/Company) 150 N. Riverside Plaza, Suite 3000 (Address) Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Darden	312 463-6381	
	at ()	
(Name of Person)	(Area Code & Daytime Tele	phone 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

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is TAC Edge, LLC

2. The Articles of Organization were filed on \_\_\_\_\_04/18/2019 \_\_\_\_\_\_ and assigned

document number \_\_\_\_\_

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).

All members and managers voted to dissolve the entity.

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		S UL
<ol> <li>If there are activities and</li> </ol>	enter the name and address of the person appointed to Scott Sherman	wind up the company's
	80 SW 8th Street, Suite 2100	5.5
	Miami, FL 33130	

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:

Signature

Scott Sherman

Printed Name

FILING FEE: \$25.00