

L19000118673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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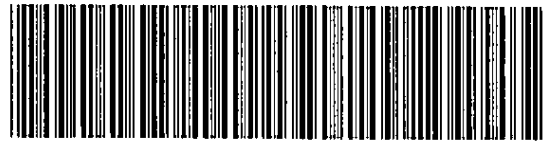
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 FEB 12 AM 9:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISSOLUTION

1. TWIN VALLEY CONSULTING, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN VALLEY CONSULTING, 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:

Diana Delecaris

(Name of Person)

UB Greensfelder LLP

(Firm/Company)

10 S. Broadway, Suite 2000

(Address)

Saint Louis, MO 63102

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Delecaris

(Name of Person)

314

516-2679

at (

_____) _____
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 FEB 12 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TWIN VALLEY CONSULTING, LLC

2. The Articles of Organization were filed on 05/01/2019 and assigned

document number L19000118673

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).

All business completed, consent to dissolve by the Member.

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

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:

DocuSigned by:

88AD49FCE72440F

Signature

Daniel Thal

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TWIN VALLEY CONSULTING, LLC

Document number of Limited Liability Company is: L19000118673

Date of dissolution was: _____

Description of information that must be included in a written claim:

The name and address of the claimant

The amount claimed

The basis for the claim

The date on which the event on which the claim is based occurred

Any documentation in support

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2024 FEB 12 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

UB Greensfelder LLP, Attn: David Zobel

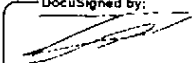
10 S Broadway, Suite 2000

St. Louis, MO 63102

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daniel Thal

Printed Name of the Person Filing

DocuSigned by:

88AC49FCE72410E

Signature of the Person Filing