120000000086

| (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: |
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

[TO] Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM: Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE: 7/29/2020

PRIORITY Routine

OUR REF # (Order ID#) 842601

ORDER ENTITY
TOWERCOM IV B LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached dissolution document

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCG orders, please include the thru date on the results.

Wednesday, July 39, 2020 Page | of 1

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited lia | bility company is | | | |
|--|---|--|--|----------------------|
| TOWERCOM IV B LLC | | · · · · · · · · · · · · · · · · · · · | | |
| 2. The Articles of Organizat | ion were filed on 12/30/2019 | and assigne | ·d | |
| document number 1.20000 |)007086 | | | |
| | | han 90 days later than date document is rece | ived for fi his date v | ling) vill not be |
| A description of occurrence 605.0707, Florida Statutes | ce that resulted in the limited, (copy 605.0707 on back cov | liability company's dissolution purs | uant to s | section |
| The | company has not had any n | nembers for the past 90 consecutive | days. | |
| | | | SECR | r 0202 |
| | | | LAR | UL 29 |
| | | | SSE | AH |
| 5. If there are no members, e | nter the name and address of | the person appointed to wind up the | COMBAN | |
| activities and affairs: | David Olson, Executive Vic | e President | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 20 |
| | 241 Atlantic Blvd. Suite 201 | I | | |
| | Neptune Beach, FL 32266 | | | |
| | | · | | |
| Signature of an authorized above to wind up the company | person or if there are no men y's activities and affairs: | nbers, the signature of the person app | ointed a | — and listed |
| Dune | D | avid Olson, Executive Vice President | | |
| Signature | | Printed Name | | |

FILING FEE: \$25.00