

L 20000007/03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

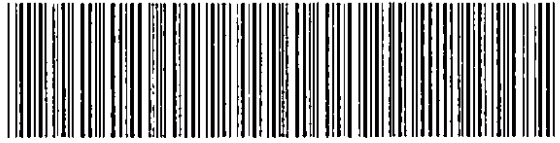
(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

WF \$25.00

Office Use Only



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JUL 30 2020

2020 JUL 29 AM 10:03

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2020 JUL 29 PM 12:27

V/D

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
mstopps@incserv.com
850.656.7953

REQUEST DATE 7/29/2020

PRIORITY Routine

OUR REF.# (Order ID#) 842601

ORDER ENTITY
TOWERCOM V B LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
TOWERCOM V B LLC (FL)

File the attached dissolution document

NOTES:
\$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 UEC orders, please include the thru date on the results.

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
TOWERCOM V B LLC
2. The Articles of Organization were filed on 12/30/2019 and assigned
document number L20000007103
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).
The company has not had any members for the past 90 consecutive days.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: David Olson, Executive Vice President
241 Atlantic Blvd, Suite 201
Neptune Beach, FL 32266

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

David Olson, Executive Vice President
Printed Name

FILING FEE: \$25.00

2020 JUL 29 AM 10:03