

L20000007148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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600348966096

2020 JUL 29 AM 11:30

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2020 JUL 29 PM 12:28  
RECEIVED

JUL 30 2020

S. YOUNG

**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 IX B LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**TOWERCOM IX 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 UCC 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 IX B LLC
2. The Articles of Organization were filed on 12/30/2019 and assigned  
document number L20000007148
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 11:30

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