

12 0000 245379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

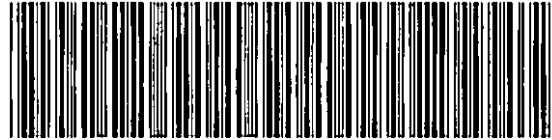
(Business Entity Name)

(Document Number)

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7,141,155

SEP 18 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Mailing address
P.O. Box 27063
Panama City
Florida, 32411

SUBJECT: Tufts Investments LLC

DOCUMENT NUMBER: 620000245379

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lyn K. Seanor
(Name of Contact Person)

Tufts Investments LLC
(Firm/Company)

113 Marlin Circle
Physical (Address)

Panama City Beach FL 32408
(City/State and Zip Code)

For further information concerning this matter, please call:

Lyn K. Seanor at (850) 527-2254
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status & 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

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1. The name of a limited liability company is

Tufts Investments LLC

2. The Articles of Organization were filed on August 12th 2020 and assigned

document number L20000245379

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).

Health reasons.


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

Lyn K. Seanor

P.O. Box 27063

Panama City, FL 32411

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

Lyn K. Seanor
Printed Name

FILING FEE: \$25.00