

L21000454362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

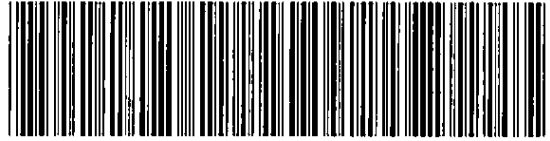
(Document Number)

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FILED  
2024 MAY 23 PM 1:01  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
\_\_\_\_\_  
(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:

Tara M. Moore

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(Name of Person)

Traverse Business Solutions, LLC

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(Firm/Company)

11419 Lakeview Drive  
\_\_\_\_\_  
(Address)

Coral Springs, Florida 33074

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(City/State and Zip Code)

For further information concerning this matter, please call:

Tara M. Moore 908 416-3753  
\_\_\_\_\_  
(Name of Person) 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 MAY 23 PM 1:01

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Traverse Business Solutions, LLC

2. The Articles of Organization were filed on October 19, 2021 and assigned  
document number L21000454362

3. The delayed effective date the dissolution if not effective on the date of filing: 4/01/2024  
(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.

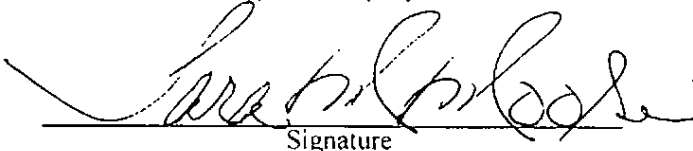
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
I've opted to retire and close my consulting business.

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

11419 Lakeview Drive

Coral Springs, Florida 33076

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:

 TARA M. MOORE  
Signature Printed Name

FILING FEE: \$25.00