

L22000143951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

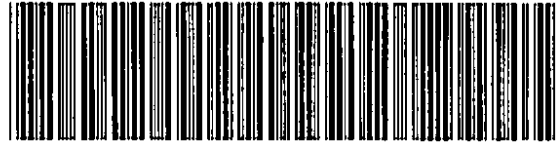
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

304

~~cannot convert to merger~~

Office Use Only



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08/05/22--01005--011 **25.00

2022 NOV 28 PM 4:54

Dissolution

DEC 08 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM ECP LLC, a Florida limited liability company

(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:

JILLIAN T. SPANGLER

(Name of Person)

BOSWELL & DUNLAP, LLP

(Firm/Company)

245 S. CENTRAL AVENUE

(Address)

BARTOW, FL 33830

(City/State and Zip Code)

For further information concerning this matter, please call:

JILLIAN T. SPANGLER

(Name of Person)

863

533-7117

at (_____) _____

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

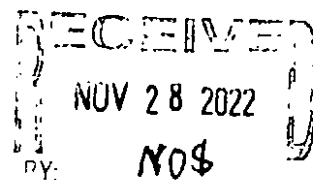
☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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**

1. The name of a limited liability company is

TEAM ECP LLC

2. The Articles of Organization were filed on 03-24-2022 and assigned

document number L22000143951

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).

Section 605.0701(2), Florida Statutes: The consent of all the members.

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

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

Ashley Johnson

Printed Name

FILING FEE: \$25.00

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TEAM ECP LLC

Document number of Limited Liability Company is: L22000143951

Date of dissolution was: 11-07-2022

Description of information that must be included in a written claim:

Name of creditor, nature of claim, amount of claim, date of claim, address and telephone number of creditor

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Ashley Johnson

807 Aricetta Drive

Auburndale, FL 33823

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ashley Johnson

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

AFFIDAVIT RELEASING ENTITY NAME

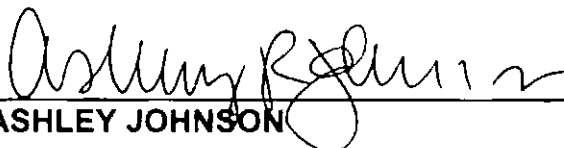
STATE OF FLORIDA
COUNTY OF POLK

BEFORE ME, the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared **ASHLEY JOHNSON** ("Affiant"), who deposes and says, under penalties of perjury, that:

1. I am over the age of 18, under no impairment preventing me from executing this affidavit, and have personal knowledge of the facts stated herein.
2. I am an Authorized Person of, and appear on behalf of, **TEAM ECP LLC, a Florida limited liability company.**
3. It is the intention of all Authorized Persons of Team ECP LLC to release such entity name for the use of a Florida Not-For-Profit Corporation, the Articles of Incorporation for which are filed contemporaneously herewith.

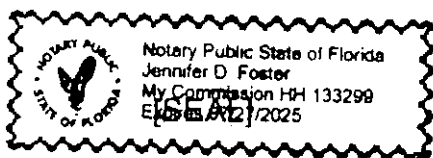
FURTHER THE AFFIANT SAYETH NOT.

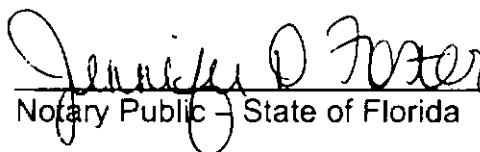
SIGNED on this ____ day of November, 2022.



ASHLEY JOHNSON

Sworn and subscribed before me by means of physical presence on this 10th day of November, 2022, by Ashley Johnson, who produced _____ as identification.





Notary Public - State of Florida

2022 NOV 28 PM 2:03