

1106000003617

(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:

789 707 623 671

Office Use Only

1106-3617



300131227803

06/16/08--01024--015 **55.00

08 JUL 11 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

JUL 11 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Cirrus, LLC.
(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:

Beatriz Alfaro
(Name of Person)
Team Cirrus, LLC.
(Firm/Company)
P.O. Box 771311
(Address)
Miami Florida 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

Beatriz Alfaro at (305) 418-4080
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 11 PM 12:47

FILED

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2008

BEATRIZ ALFARO
PO BOX 771311
MIAMI, FL 33177

SUBJECT: TEAM CIRRUS, LLC
Ref. Number: M06000003617

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 11 PM 12:47

FILED

We have received your document for TEAM CIRRUS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 808A00036857

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Team Currys, LLC.

(Name of limited liability company)

Equipment Leasing

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

PO Box 771311

(Mailing address)

MIAMI FL 33177

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 11 PM 12:47

FILED

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Betty Arfaro

(Signature of member or authorized representative of a member)

Betty Arfaro

(Typed or printed name of signee)

Filing Fee: \$25.00