

LO1000003876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

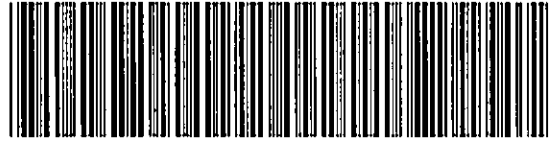
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JAN 28 AM 7:43
01/28/21 --01010--011 \$25.00

O SIMMONS
MAR 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIRECT CONNECT 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:

ANTHONY SASSO
(Name of Person)

DIRECT CONNECT LLC
(Firm/Company)

170 NE 2ND STREET #194
(Address)

BOCA RATON FLORIDA 33429
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY SASSO at (954) 899 4950
(Name of Person) (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

1. The name of a limited liability company is

2021 JAN 28 AM 7:43

DIRECT CONNECT LLC

2. The Articles of Organization were filed on MARCH 13, 2001 and assigned

document number L01000003876

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2020
(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).

NO BUSINESS

COVID-19

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

ANTHONY SASSO

170 NE 2ND ST

#194

BOCA RATON FLORIDA 33429

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

ANTHONY SASSO

Printed Name

FILING FEE: \$25.00