103000011788

(R	Requestor's Name)
(A	ddress)
A)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	
(E	Business Entity Name)
	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



10/31/19--01095--033 ++25.00



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180V 2 - 2013

COVER LETTER

TO: **Registration Section** Division of Corporations

DOCS , LLC (Name of Limited Liability Company) Daital SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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. The name of a limited liability company is
Digital Docs, LLC
The Articles of Organization were filed on $4 - 2 - 03$ and assigned document number 10300011788
 The delayed effective date the dissolution if not effective on the date of filing: <u>11/1/19</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> 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.
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).
members voted for the dissolution on a liquidate B
Ct the Change Find T
i. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
······································
5. Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:
Anthony J. Mrssina, Esq
Signature Printed Name

FILING FEE: \$25.00

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: Digital DOCS, LLC
Document number of Limited Liability Company is: 103000011788
Date of dissolution was: 11/1/19
Description of information that must be included in a written claim:

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

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.

Anthony J. Mussing 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