L040000 26542

| (Re | equestor's Name) | | | | |
|---|--------------------|------------------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | | - 76 | | | |
| (Ci | ty/State/Zip/Phone | 9 #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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800287344758

07/07/16--01012--003 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Diamond Days 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:

| Alice Faye Toler | | | | |
|---------------------------|--|--|--|--|
| (Name of Person) | | | | |
| | | | | |
| (Firm/Company) | | | | |
| 7590 Northpointe Blvd | | | | |
| (Address) | | | | |
| Pensacola, FL 32514 | | | | |
| (City/State and Zin Code) | | | | |

For further information concerning this matter, please call:

Alice Faye Toler

___850

232-0071

(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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| Diamond Days LLC | ability company is | | |
|--|--|--|---|
| 2. The Articles of Organiza | ation were filed on March 29 | , 2004 | _and assigned |
| document number L0400 | 00026542 | - | |
| Note: If the date inserted | te the dissolution if not effective date cannot be prior to or mor in this block does not meet the ffective date on the Department | applicable statutory filing re | August 30, 2016 ocument is received for filing) equirements, this date will not |
| 4. A description of occurre 605.0707, Florida Statute | nce that resulted in the limites, (copy 605.0707 on back of | ed liability company's discover letter). | ssolution pursuant to sectio |
| • | that was in Diamond Days LLC | • | as Diamond Days LLC |
| | | | |
| | | | |
| | | | |
| 5. If there are no members, | enter the name and address | of the person appointed t | o wind up the company's |
| activities and affairs: | Alice Faye Toler | | |
| | 7590 Northpointe Blvd | | NY U |
| | Pensacola, FL 32514 | | 7: Sign |
| | | | A P |
| 6. Signature of an authorize listed above to wind up the | ed person or if there are no n company's activities and aff | nembers, the signature of airs: | the person appointed and |
| Min fan | 100 | Alice Faye Toler | |
| Signatur | e | Printed Name | |

FILING FEE: \$25.00