L04000046668

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
104-466	68	101
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 3, 2005

DANNY MARTELL 1008 N.E. 7TH TERRACE, STE. D CAPE CORAL, FL 33909

SUBJECT: D.M. GROUNDWORKS L.L.C.

Ref. Number: L04000046668

We have received your document for D.M. GROUNDWORKS L.L.C. and your check(s) totaling \$25.00. 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.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 405A00000141

2:2 NA 11 NA 2:2

TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	
(Name of Limited Liability Company)	
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person)	
Calotsehutche Tox & Gnancial Serv. Inc	
Suto D 1008. A.B. 7t- Tenace Care Coral-	
City/State and Zip Code)	
or further information concerning this matter, please call:	
(Name of Person) at (239) 242-2402 (Area Code & Daytime Telephone Numbers 240)	· 4 1
inclosed is a check for the following amount:	بالان الله الله الله الله الله الله الله
F\$25.00 Filing Lee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	erren i d zamen n

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration S Division of Co			
SUBJECT:	(Name of I	DAKS LC Limited Liability Company)	
The enclosed Articles of	of Dissolution and fee(s) are sub	mitted for filing.	
Piease return all corresp	ondence concerning this matter	r to the following:	
_	Danny S	(Name of Person)	
		(Firm/Company)	
		(Address)	
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please of	call:	
Dan	(Name of Person)	at (239) 857 (Area Code & Daytime	Telephone Number)
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 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)
STRE	EET ADDRESS:	MAILING ADDR	ESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is
D M GROUNDAUS LLC
2. The date the dissolution was approved:
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
D M Garundworks his was disolved as it should have
been set us as a s class Corroration.
4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. CHECK ONE: There are no suits pending against the company in any court. OR- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name Danny Murini

Filing Fee: \$25.00