

LD4000090935

(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:

Office Use Only



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02/27/14--01003--010 **25.00

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2014 FEB 27 PM 1:01

CLERK OF STATE
PALM BEACH COUNTY, FLORIDA

FEB 28 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE D+R GROUP, 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:

CLIFFORD W. MAHER
(Name of Person)

(Firm/Company)

2845 NE 9TH STREET - #905
(Address)

FT. LAUDERDALE, FL 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD W. MAHER at 954 295-4156
(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

FILED
2014 FEB 27 PM 1:01
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

THE D+R GROUP, LLC

2. The Articles of Organization were filed on DECEMBER 9, 2004 and assigned document number L04000090935

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

ALL PROPERTIES SOLD IN 2012 - NO BUSINESS
ACTIVITY IN 2013

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

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

Clifford W. Maher

Printed Name

CLIFFORD W. MAHER

FILING FEE: \$25.00

FILED
2014 FEB 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Notice of Limited Liability Company Dissolution

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: THE D+R GROUP, LLC

Date of dissolution was: 12-31-2013

Description of information that must be included in a written claim:

ALL PROPERTIES SOLD IN 2012
NO BUSINESS ACTIVITY IN 2013

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

CLIFFORD W. MAHER
2845 NE 9TH STREET #905
FT. LAUDERDALE, FL 33304

FILED
2014 FEB 27 PM 1:01
CLERK OF STATE
PALM BEACH, FLORIDA

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.

CLIFFORD W. MAHER Clifford W. Maher
Printed Name of the Person Filing Signature of the Person Filing