

LO5 00000 16842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

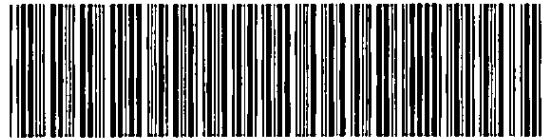
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/16/21

Office Use Only



000358983290

02/03/21--01016--006 **35.00

6:00 PM
2021 APR 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FL

4/129/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2021

SHAWN LEINS
8340 CONSUMER CT
SARASOTA, FL 34240

SUBJECT: DOLPHIN CHASE, LLC
Ref. Number: L05000016842

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00006309

RECEIVED

2021 APR 16 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISSOLUTION OF DOLPHIN CHASE, 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:

SHAWN LEINS
(Name of Person)

DOLPHIN CHASE, LLC
(Firm/Company)

8340 CONSUMER CT
(Address)

SARASOTA, FL 34240
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN LEINS at (941) 377-9178
(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)

* Note : See payment already sent and deposited.

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

2021 APR 16 PM 12:43

1. The name of a limited liability company is

DOLPHIN CHASE, LLC SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on 2/17/05 and assigned

document number L05000016842

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)

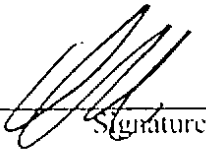
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

ALL PROPERTIES WERE SOLD AND BUSINESS
WAS STOPPED AND ASSETS DISBURSED TO OWNERS

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

D. SHAWN LEINS
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: DOLPHIN CHASE, LLC

Document number of Limited Liability Company is: L05000016842

Date of dissolution was: 12/31/2020

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

ALL PERTINANT INFORMATION + DATES

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

8340 CONSUMER CT

SARASOTA, FL 34240

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.

D. SHAWN LEINS _____

Printed Name of the Person Filing Signature of the Person Filing