

# L05000038463

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

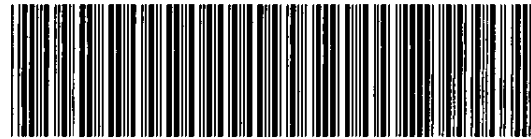
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 APR 25 AM 11:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. SAULSBERRY  
EXAMINER

APR 28 2011

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DBS SOLUTIONS, LLC  
(Name of Limited Liability Company)

L 05 000038463

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

Please return all correspondence concerning this matter to the following:

MICHAEL S. OKUN  
(Name of Person)  
DBS SOLUTIONS, LLC  
(Firm/Company)  
392 SW 131st  
(Address)  
NEW BERRY, FL 32669  
(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL S. OKUN at 352, 262-6314  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ 30.00 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)

**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

DEAR DEPT OF STATE

PLEASE DISSOLVE DBS SOLUTIONS

WORK - MICHAEL S. OKUN

100 S NEWELL DR. L3-100

GAINESVILLE FL 32611

352-273 5550

HOME - MICHAEL S. OKUN

392 SW 131st

NEWBERY, FL 32669

352-26 26 3/4 (L22)

EMAIL OKUN@NEUROLOGY.  
UF.EDU

THANKS



MICHAEL S. OKUN, MD

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2011 APR 25 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

DBS SOLUTIONS

2. The Articles of Organization were filed on

2-16-11

and assigned document number

PENDING

PENDING

L05000038463

3. The date the dissolution was approved:

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

THE LLC HAS NEVER HAD AN ACTIVITY  
POSITIVE OR NEGATIVE SINCE OPENING

5. 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.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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

Printed Name

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MICHAEL S. OKUN  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**

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