

LOS 0000 1/1969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

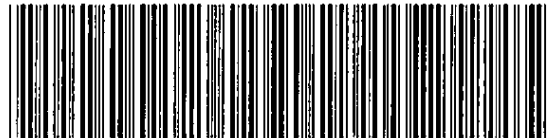
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

2/16/24

R. HUNT

02/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESOTO TRUST UNITS ACQUISITION, L.L.C.

(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:

Justin Blomberg

(Name of Person)

(Firm/Company)

333 Ann Street

(Address)

Plymouth, MI 48170

(City/State and Zip Code)

2005 FEB 16 PM 2:39
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Justin Blomberg

734

6346988

at (

(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:

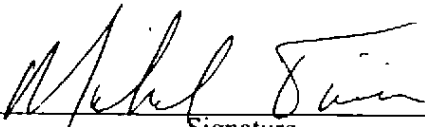
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street 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**

1. The name of a limited liability company is
DESOTO TRUST UNITS ACQUISITION, L.L.C.
2. The Articles of Organization were filed on APRIL 28, 2005 and assigned
document number L05000041969
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
An event or circumstance that the operating agreement states caused the dissolution. All the members consented
to the dissolution of the LLC and it has been over 90 days that the company has no members.
Section 605.0701, Florida Statutes
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Michael T. Timmis
3535 Gin Lane
Naples, FL 34102
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

Michael T. Timmis
Printed Name

FILING FEE: \$25.00

2005 FEB 16 PM 2:39
STATE
SECRETARY
D