

L05000070742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

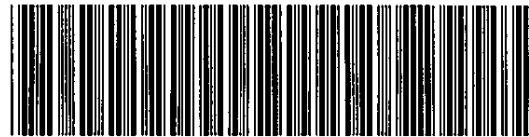
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/14--01005--006 **25.00

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2014 JUN 30 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 03 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2014

DANIEL OLALDE
3009 MCINTOSH RD.
SARASOTA, FL 34232

SUBJECT: D. O. REPAIRS LLC
Ref. Number: L05000070742

We have received your document for D. O. REPAIRS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00008796

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.O.REPAIRS 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:

DANIEL OLALDE

(Name of Person)

D.O. REPAIRS LLC,

(Firm/Company)

3009 McIntosh Rd.

(Address)

Sarasota FL.34232

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Olalde

941

822-4259

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2004 JUN 30 PM 4:03
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

1. The name of a limited liability company is

D.O. REPAIRS LLC,

2. The Articles of Organization were filed on 05/18/14 and assigned

document number L05000070742

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)

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).

I had to close the business
because low earnings

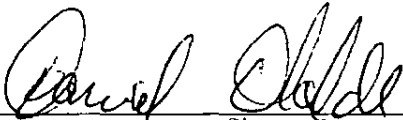
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Daniel Olalde

3009 McIntosh Rd

Sarasota FL 34232

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

Daniel OLALDE

Printed Name

FILING FEE: \$25.00

2014 JUN 30 PM 4:03
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED