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(f	Requestor's Name)	
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(1)	Business Entity Name)	
	Document Number)	
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SEURE JARY OF STATION DIVISION OF CORPORATION

K SALY JAN - 9 2018

COVER LETTER

TO: Registration Section Division of Corporations			
SHRIFCT:	DSD Enterprises,	LLC	
501201011	(Name of Limited	Liability Company)	
	Articles of Dissolution and fee(s) are submitted	_	
riease return a	Ill correspondence concerning this matter to the	. tollowing.	
	Sirsan Dei	nman	
Susan Denman (Name of Person)			
DSD Enterprises, LLC (Firm/Company)			
(Firm/Company)			
2309 Greenview Cove Dr			
(Address)			
	Wellington FL	33414	
	City/State a	and Zip Code)	
For further information concerning this matter, please call:			
	Susan Denman	at (561) 685 5519 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a ch	neck for the following amount:		
\$25.0	0 Filing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liability company is
	DSD Entroprises, LLC
2.	The Articles of Organization were filed onand assigned
	document number
3.	The delayed effective date the dissolution if not effective on the date of filing: 12-31-2017 (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).
	sold only asset of company - UC no longer required
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Susan N Denman Printed Name
	Signature Printed Name

FILING FEE: \$25.00