

L06000002043

(Requestor's Name)

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(Document Number)

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EXAMINER

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/19/14

NAME: D2E TECHNOLOGIES, LLC

TYPE OF FILING: DISSOLUTION

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D2E Technologies, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ 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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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is D2E Technologies, LLC.
2. The Articles of Organization were filed on January 6, 2006 and assigned document number L06000002043
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/14 at 11:59 p.m.
(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).
The sole Member authorized the dissolution by written consent.
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

Andrea Newborn
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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