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(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:		





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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: DORSCH CESERY (Name of Limited)	PROPERTIES 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:
GARY SNERSO	N
/ (Name o	of Person)
Dr. Hamal Acc	ET TRUET
DECHUMAI ASS (Firm/C	Company)
3713 PINE	STOPET
37/3 PINE	dress)
TATICALLA	
(City/State a	<u> </u>
For further information concerning this matter, please call:	
GARY SNERSUN	at (305) 466 - 1029 (Area Code & Daytime Telephone Number)
(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:	STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

Clifton Building

Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	ity company is
DORSO	CH CESERY PROPERTIES, LLC
2. The Articles of Organization	n were filed on August 9, 200 6 and assigned
document number 106	000078481
Note: If the date inserted in the	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be live date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
ALL PROPE	RTY HELD BY LLC SOLD TO A NON-
AFFLIATED	THIRD PARTY
5. If there are no members, ent activities and affairs:	er the name and address of the person appointed to wind up the company's
	ASEE. PLONE
6. Signature of an authorized p listed above to wind up the com	erson or if there are no members, the signature of the person appointed and apany's activities and affairs:
DECHUMAI ASSET	TRUST
Gau Sue	CARY SIVERSULY Printed Name
Signature	Printed Name

FILING FEE: \$25.00