

107000095771

(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



700312025607

04/18/18--01017--024 **55.00

FILED
2018 APR 18 P 2:34
TALLAHASSEE, FLORIDA

4/18/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

DSA CONSULTANTS, LLC

SUBJECT: _____
(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:

DARRELL D AULDS

(Name of Person)

DSA CONSULTANTS, LLC

(Firm/Company)

1990 MAIN STREET SUITE 750

(Address)

SARASOTA, FLORIDA 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

DARRELL D AULDS

(Name of Person)

407

620 2654

at (_____) _____

(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

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

1. The name of a limited liability company is

DSA CONSULTANTS, LLC

2. The Articles of Organization were filed on 09/19/2007 and assigned

document number L07000095771

3. The delayed effective date the dissolution if not effective on the date of filing: 1 MAY 2018
(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).

BUSINESS DISSOLVED DUE TO CHANGES IN BUSINESS ENVIRONMENT AND NEED

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

DARRELL D AULDS

15 SAW TIMBER DRIVE

HILTON HEAD ISLAND, SC 29926

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

DARRELL D AULDS

Printed Name

FILING FEE: \$25.00