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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP

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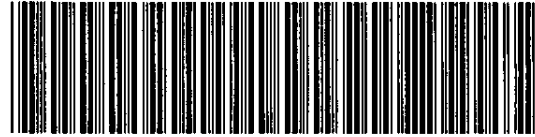
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
14 JAN 31 AM 10:34
TALLAHASSEE, FLORIDA

J. Stivers FEB 04 2014

**DAVID J. SIMMONS CO.,
A Legal Professional Association, L.L.C.**

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING)
BOARD CERTIFIED WILLS, TRUSTS & ESTATES (OHIO & FLORIDA)
FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL
MEMBER OF OHIO, FLORIDA & NEW YORK BARS

PHONE: 330.499.8899

FAX: 330.499.1714

E-MAIL: dsimmons@djsestatelaw.com

January 28, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DeCrescenzo, LLC
Document #L07000097566

Dear Sir or Madam:

Enclosed are the original and a copy of the Articles of Dissolution for Limited Liability Company for DeCrescenzo, LLC, as well as a check payable to the Florida Department of State for \$25.00. Please file the original and return a time stamped copy in the stamped envelope provided.

If you have any questions, please feel free to contact me at the telephone number above.

Very truly yours,


Michael A. Ross

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeCrescenzo, 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:

Michael A. Ross

(Name of Person)

David J. Simmons Co.

(Firm/Company)

4690 Munson St., Suite B

(Address)

Canton, OH 44718

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Ross

(Name of Person)

at (330) 499-8899

(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
DeCrescenzo, LLC


2. The Articles of Organization were filed on 9/24/2007 and assigned
document number L07000097566

3. The delayed effective date the dissolution if not effective on the date of 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 members unanimously voted to dissolve the LLC.

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


Printed Name
Anthony DeCrescenzo, Co-Trustee

FILING FEE: \$25.00

RECEIVED
TALLAHASSEE, FLORIDA
14 JAN 31 2008 2:46
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