

LO8000027839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

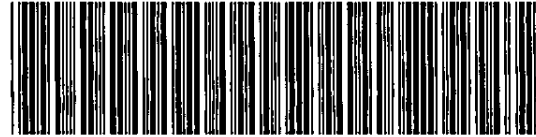
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500293297165

12/19/16--01036--004 **55.00

EFFECTIVE DATE

12/31

DEC 21 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 19 PM 4:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAZLT, 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:

Louis Talarico

(Name of Person)

(Firm/Company)

3 7th Ave #202

(Address)

Indian Rocks Beach FL 33785

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 19 PM 4:16

For further information concerning this matter, please call:

Louis Talarico

(Name of Person)

at (727) 4703110

(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
DAZLT, LLC

2. The Articles of Organization were filed on March 17, 2008 and assigned
document number L08000027839

3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2016
(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).
Disposition of all assets held and cessation of all business activities.

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

Louis Talarico, MGRM

Printed Name

FILING FEE: \$25.00

16 DEC 19 PM 4: 16
CLERK OF STATE
TALLAHASSEE, FLORIDA

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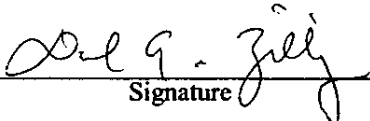
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Signature

David A Zillig, MGRM

Printed Name

FILING FEE: \$25.00

16 DEC 19 PM 4:16
CLERK OF STATE
TALLAHASSEE, FLORIDA