LO8000088285

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

L. SELLERS

MAR 2.4 2010

EXAMINER

Office Use Only



900171220539

03/11/10--01009--014 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of	Section Corporations				
SUBJECT:	DE LAB	LL C f Limited Liability Company)			
	(Name o	f Limited Liability Company)			
The enclosed Article	es of Dissolution and fee(s) are	submitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	DEBORAH	D LABADIE (Name of Person)			
	DE LAG	LLC			
	3849 E00	FEMONT DRIVE			
	,	(Address)			
ماند. ماند در	NEW PORT	RICHEY FL 34652			
	(6	City/State and Zip Code)			
For further informati	on concerning this matter, plea	ase call:			
0.F60	RAH LABADIE	at (727) 842 269/ (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	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section			
	vision of Corporations O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301



March 15, 2010

DEBORAH D. LABADIE 3849 EDGEMONT DRIVE NEW PORT RICHEY, FL 34652

SUBJECT: DELAB, LLC Ref. Number: L08000088285

We have received your document for DELAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office received your coversheet for articles of dissolution, however no dissolution form was received.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 510A00006346

Leslie Sellers Regulatory Specialist II

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is					
DELAB LLC					
2. The Articles of Organization were filed on 9/	117/20	o 8 and	assigned d	ocument nu	ımber
3. The date the dissolution was approved: $3/$	9/2019	•			
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back c	ited liability cover letter).	ompany's dissoluti	on pursuar	nt to section	
Ollness in family	grot	ilite n	4		
working. Conviction is	Husbr	ind)			
5, CHECK ONE:				 	
All debts, obligations and liabilities of the	limited liabili	ty company have b	een paid oi	discharged	l .
OR- Adequate provision has been made for the		• •	· ·	-	
All remaining property and assets have been distributing rights and interests.	outed among is	ts members in acco	rdance with	h their respe	ective
7. CHECK ONE:					
There are no suits pending against the com- OR- Adequate provision has been made for the entered against it in any pending suit.			ler or decre	ee which ma	ny be
ignatures of the members having the same percentage o	f membership	interests necessary	to approv	e the dissolı	ıtion:
Signature		Print	ted Name		
Debolah D Labolie	_	DEBORAH	D	LAB	<u> A01</u> E
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FILIN	– G FEE: \$25.0	00	ָרָ רָּי	R 23 AM II:	O