109000100218

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PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DAB + T, 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:			
Danie J. Allen			
Davie J. Allen (Name of Person)			
DAR. T. III			
DAB + T, LCC (Firm/Company)			
trunic ompany)			
41) Walnut #6400 (Addiess)			
(Address)			
Green Cove Springs, FL 32043 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Daniel J. Allen at (772) 240-6261 (Name of Person) (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:

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

FILED

2018 DEC 26 PM 3:55

١.	The name of a limited liability company is DABAT, LLC	SECRETANTUEST TALLAHASSEE.
2.	The Articles of Organization were filed on 10/16/2009	and assigned
	document number <u>L09000100218</u>	
3.	The delayed effective date the dissolution if not effective on the date teffective date cannot be prior to or more than 90 days later. Note: If the date inserted in this block does not meet the applicable statuto listed as the document's effective date on the Department of State's records.	ry filing requirements, this date will not be
4.	A description of occurrence that resulted in the limited liability comp 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	pany's dissolution pursuant to section
	Business failed to make	money.
5.	If there are no members, enter the name and address of the person ap activities and affairs:	
		6400
	Green Cove S	prings, FL 32043
6. lis	Signature of an authorized person or if there are no members, the signature to wind up the company's activities and affairs:	nature of the person appointed and
	Danie Danie	Printed Name
ŀ	Authorized Representation FILING FFF: 825 00	