L100000040802

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



900225146339

03/22/12--01010--020 **25.00

12 HAR 22 PH 1: 38
SECRETARY OF STATE
WITH A SECRETARY OF STATE
WITH A SECRETARY OF STATE
OF STATE
OF STATE
OF STATE

C. LEWIS

MAR 2 3 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Co	
SUBJECT: DF RE	EAL ESTATE, LLC
	(Name of Limited Liability Company)
The enclosed Articles o	of Dissolution and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
STE	EVEN R. DARIA
	(Name of Person)
	(Firm/Company)
523	5 RAMSEY WAY, SUITE 14
	(Address)
FOF	RT MYERS, FL 33907
	(City/State and Zip Code)
For further information	concerning this matter, please call:
STEVEN	I R. DARIA _{at (} 239) 425-5671
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the	e following amount:
√ \$25.00 Filing Fee	30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

FILED 12 MAR 22 PM 1: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE, FU
signed document number
pursuant to section
rsuant to s. 608.4421.
ince with their respective
or decree which may be
approve the dissolution:
Name
ARIA