

LI0000054782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

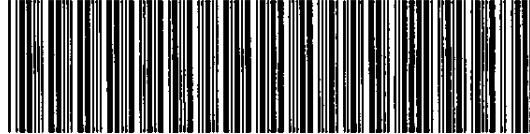
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/21/16--01010--022 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S Warren

NOV 22 2016

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DLJ MARKETING, 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:

DAVID L. CASS  
(Name of Person)

NONE  
(Firm/Company)

5103 BURNSIDE CT.  
(Address)

TAMPA, FLORIDA 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID L. CASS at (813) 969-0830  
(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

1. The name of a limited liability company is

DLJ MARKETING, LLC

2. The Articles of Organization were filed on MAY 20, 2010 and assigned

document number L10000054782

3. The delayed effective date the dissolution if not effective on the date of filing: DEC 16, 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).

DECIDED TO SOON RETIRE

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DAVID L. CASS

5103 BURNSIDE CT.

TAMPA, FL 33624

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:

David L. Cass  
Signature

DAVID L. CASS  
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE  
TAMPA, FLORIDA

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: DLV MARKETING, LLC

Document number of Limited Liability Company is: L10000054782

Date of dissolution was: DEC 16, 2016

Description of information that must be included in a written claim:

NAME AND ADDRESS OF CLAIMANT
DESCRIPTION OF PRODUCT OR SERVICE CLAIMED
CLAIMED AMOUNT

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

DAVID L. CASS  
5003 BURNSIDE CT.  
TAMPA, FL 33624

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

DAVID L. CASS

Printed Name of the Person Filing

David L. Cass

Signature of the Person Filing