

L10000 129681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JAN 17 PM12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC PRIVATE INVESTIGATIONS AND PROTECTION, 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:

Darren Cockeram
(Name of Person)

DC PRIVATE INVESTIGATIONS AND PROTECTION
(Firm/Company)

3018 164TH PL N
(Address)

CLEARWATER, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Cockeram at (727) 531-6520
(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

DC PRIVATE INVESTIGATIONS AND PROTECTION

2. The Articles of Organization were filed on 12/20/10 and assigned
document number L10000129681

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

Lack of Business, unable to pay renewal of
CLASS A Agency License.

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

Darren Cockeram
3018 164TH PL N
CLEARWATER, FL 33760

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

Darren Cockeram

Printed Name

Darren Cockeram

FILING FEE: \$25.00

FILED
2014 JAN 17 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA