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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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SECRETARY DE STATE

JAN 2 4 2014

T. BROWN

COVER LETTER

TQ:

Registration Section
Division of Comporations

SUBJECT:

DMA Countryside, 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:

Jeffrey B. Bock

(Name of Person)

Jeffrey B. Bock, P.A.

(Firm/Company)

5010 W. Carmen Street, Suite 2020

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey B. Bock

,561

392-8788

(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

•	San Ch
1. The name of a limited liability company is	75 Str. "15
DMA Countryside, LLC	CARLO PAIN
Divirt Country side, EEC	
	N 11 4 2044
2. The Articles of Organization were filed on	April 4, 2011 and assigned 108/04
document number L11000039570	$^{\prime\prime}\mathcal{O}_{\mathcal{A}}$
document number	
3. The delayed effective date the dissolution if	not effective on the date of filing:
A. A description of accurrence that reculted in t	the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 o	on back cover letter).
The consent of all members to dis	solve the LLC.
5. If there are no members, enter the name and	address of the person appointed to wind up the company's
·	and the second process of the second
activities and affairs:	
	
6. Signature of an authorized person or if there above to wind up the company's activities and a	are no members, the signature of the person appointed and listed affairs:
Signature	Printed Name
Signature	1 Timed Patric
Mu 1 Chen	Raymond Doucet, President / Doucet, Martin and Associates Inc.

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: DMA Countryside, LLC
Date of dissolution was:
Description of information that must be included in a written claim:
Name(s) and address(es) and nature of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
7120 Winding Bay Lane
West Palm Beach, FL 33412
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.
Raymond Doucet, President / Doucet, Martin and Associates, Inc.
Printed Name of the Person Filing Signature of the Person Filing