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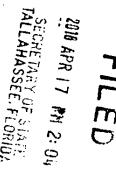
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Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			

Office Use Only



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04/17/18--01025--022 **25.00



COVER LETTER

SUBJECT: DRAFTING X DAVE, LCC				
(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 W. WOZNIAK				
(Name of Person)				
(Firm/Company)				
11294 MALAGA ERIVE				
(Address)				
11294 MALAGA ERIVE (Address) LARGO FLORIDA 33774 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DAVID W. WOZNIAK 727, 687-6304 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
\cdot				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee and Certificate of Dissolution				

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	y company is	E C.C.		
2. The Articles of Organization	Ó	1 .	and assigned	
	0001358			
3. The delayed effective date the (effective d Note: If the date inserted in the listed as the document's effective	ate cannot be prior to or mot is block does not meet the	e than 90 days later than date applicable statutory filing	accument is received for filing)	•
4. A description of occurrence t 605.0707, Florida Statutes, (co	hat resulted in the limit opy 605.0707 on back OZNIAK	cover letter).	lissolution pursuant to section	'n
DRAFTING X	Dave U.G.	CEASES CA	eration-5	
			IB AP	תר
			ANY CASSEE	F
5. If there are no members, ente activities and affairs:	r the name and address	of the person appointed ・、Wのストルド	to wind up the company's	ED
	11294	MALAGA	DRIVE	
	LARGO	FLORIDA	327T4	
6. Signature of an authorized pelisted above to wind up the com	rson or if there are no pany's activities and af	nembers, the signature of fairs:	of the person appointed and	
/ Lower Dr	Mogrando		J. WEZHIBK	,
Signature		Printe	d Name	

FILING FEE: \$25.00