

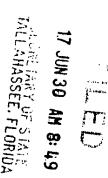
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: DAS FINANCE LL (Name of Limited L	iability Company)
The enc	closed Articles of Dissolution and fee(s) are submitted f	or filing.
Please r	return all correspondence concerning this matter to the f	following:
	Davia A. Schlaife	Person)
	DAS Health (Firm/Co	mpany)
	1000 N. Ashley, suit	e 300
	Tompa, FL 33 (Ocity/State and	A Zip Code)
For furth	her information concerning this matter, please call:	
	David A. Schlaifer (Name of Person)	at (813) 774-9800 ext 100 (Area Code & Daytime Telephone Number)
	is a check for the following amount:	
Ūď	\$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  DAS FINANCE LLC		
2.	The Articles of Organization were filed on 41412 and assigned		
	document number <u>L1200004617</u>		
3.	The delayed effective date the dissolution if not effective on the date of filing: 12/31/16 (effective date cannot be prior to or more than 90 days later than date document is received for find the date inserted in this block does not meet the applicable statutory filing requirements, this date we listed as the document's effective date on the Department of State's records.	ling) vill not	be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	section	1
	Completed business purpose		
		<del></del>	
,		17.	
	If there are no members, enter the name and address of the person appointed to wind up the torupal activities and affairs:		- <del>(</del>
	TO CO.	D X	1
		F	
6. list	Signature of an authorized person or if there are no members, the signature of the person appointed red above to wind up the company's activities and affairs:	and	
	Signature Printed Name	<u>_</u>	

FILING FEE: \$25.00

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited 1					
DAS Find	ance LLC			·	
2. The Articles of Organiz	ation were filed on	1412	and assign	ed	
document number <u>L</u>	120000461	7			
Note: If the date inserted	ate the dissolution if not ctive date cannot be prior to o I in this block does not mee effective date on the Depart	t the applicable statutor	ry filing requirements,	cived for ning)	ot be
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the les, (copy 605.0707 on ba	limited liability comp	any's dissolution pu	rsuant to section	on
Completed	business p	ourposé			
	•				
				<b>1</b>	
5. If there are no members	enter the name and add	ress of the person and	sointed to wind up th	E E	₹
activities and affairs:	, emer the name and add	ress of the person app	onned to while up the	SKI-<	i -tan
				<b>₹</b>	FT
		<del></del>		S	
				<b>6</b>	•
<ol><li>Signature of an authoriz listed above to wind up the</li></ol>	ed person or if there are company's activities and	no members, the sign	nature of the person a	ppointed and	
			AU 10 Sett	AFER	_
Signatur	e		Printed Name	<del>_</del>	

**FILING FEE: \$25.00**