U20000E371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 APR 11 AM 8:24

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TALLAHASSEE, FLORIDA

APR 13 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DNG ReStore, 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:

Nicole Grant David Grant
(Name of Person)

DNG ReStore, LLC
(Firm/Company)

1788 W. Crimson Clover Lane
(Address)

Tucson Arizona 85704
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicole Grant at (727) 515-8012
(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

Please note previous business address below:

(1) 8020 118th Ave.
Largo FL 33773-5044 OR

(2) 8219 Ulmerton Rd.
Largo FL 33773

OR (3) 2550 3rd Ave. N.
St. Pete FL 33713

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
DNG ReStore, LLC

2. The Articles of Organization were filed on 1/21/13 and assigned

document number L12000150371

3. The delayed effective date the dissolution if not effective on the date of filing: 1/1/14
(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).
Closed business to care for ailing father
Moved out of State.

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

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:

Nicole Grant
Signature

Nicole Grant
Printed Name

FILING FEE: $25.00

David Grant