

L13000016268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/14/14--01014--018 **25.00

FILED
2014 OCT 14 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 10/16/2014 OCT 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DBA GLOBAL SOURCE 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:

Hector Di Bonaventura

(Name of Person)

DBA Global Source LLC

(Firm/Company)

990 Biscayne Blvd, O-301

(Address)

Miami, FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Di Bonaventura

(Name of Person)

305

3211210

at (

(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

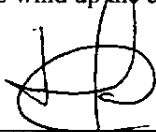
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
DBA GLOBAL SOURCE LLC
2. The Articles of Organization were filed on 01/31/2013 and assigned
document number L13000016268
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
This is a voluntary dissolution by the single member of this LLC due to a failing
business venture.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Hector Di Bonaventura
990 Biscayne Blvd, O-301 Miami, FL 33132
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

Hector Di Bonaventura
Printed Name

FILING FEE: \$25.00