300006349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500445987175

03/10/25--01023--002 11400.00

COVER LETTER

Division of C		
SUBJECT:	Brand A	Activations LLC
		nited Liability Company)
The enclosed Articles of	of Dissolution and fee(s) are subr	nitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Leo	Govon;
	4)	Vame of Person)
	Dig Sto	im Brewery
	(.	The Company
	12707	49th St N Suite 500
	Clearwate	r FL 33762
	(City/S	State and Zip Code)
For further information	concerning this matter, please ca	ill:
	Ora Fraze	at (727) 798 -1770 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:	
\$25.00 Filing Fe	e and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited lial	bility company is	
	Drand Activations LLC	•
The Articles of Organizat	tion were filed on <u>05-01-2013</u> and assigned	
document numberL	-13000063494	
Note: If the date inserted if	e the dissolution if not effective on the date of filing: 3-6-25 ive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not fective date on the Department of State's records.	ot be
A description of occurrence 605.0707, Florida Statutes,	ce that resulted in the limited liability company's dissolution pursuant to section, (copy 605.0707 on back cover letter).	on
Business	nut Operating	
If there are no members, en	enter the name and address of the person appointed to wind up the company's	
Signature of an authorized ove to wind up the company	person or if there are no members, the signature of the person appointed and y's activities and affairs:	isted
	y s activities and arrains:	
Signature	Printed Name	
/ /	to	