

To: +18503176383

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2021-11-30 22:09:58 GMT

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From: Law Offices Tony Pornprinya

11/30/21, 5:07 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRIYA
Account Number : I20010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

LLC DISSOLUTION OR WITHDRAWAL

DK ELLE LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -1 PM 1:43

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2021 DEC -1 AM 10:11

TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DK ELLE 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:

Tony Pomprinya

(Name of Person)

Law Office of Tony Pomprinya

(Firm/Company)

1555 NE 123 Street

(Address)

North Miami FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Pomprinya

(Name of Person)

305

at ()

893-8989

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
DK ELLE LLC

2. The Articles of Organization were filed on 08/12/2013 and assigned
document number L13000113731

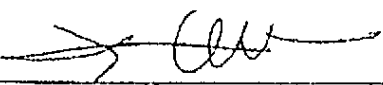
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

Members voted.

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:



Signature

Di Wu, Trustee of WUS Family Trust

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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