

L14000007596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

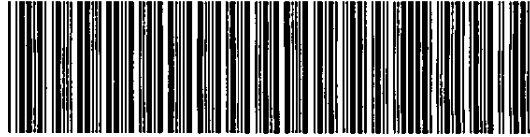
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only:



800266926918

12/01/14--01007--014 **25.00

FILED

2014 DEC -1 P 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 9 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DTV Trading Services 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:

Mirtha Almanzar

(Name of Person)

Valezar & Associates Inc

(Firm/Company)

12485 SW 137th Ave

(Address)

Miami, FL 33032

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 1 P 3:06

FILED

For further information concerning this matter, please call:

Mirtha Almanzar

(Name of Person)

305

252-5505

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**

1. The name of a limited liability company is
DTV Trading Services LLC
2. The Articles of Organization were filed on 01-14-2014 and assigned
document number L14000007596
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).
The Company has not been used all year and we want to have it dissolved.

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

Franck Vlasseman

Printed Name

FILING FEE: \$25.00

FILED

2014 JAN 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA