## L14000070175

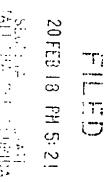
(Re	equestor's Name)		
(Ac	idress)	<del>.</del>	
(Ad	ldress)		
(Cri	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	rsiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations		
SUBJI	ECT:	DCB Real Propert (Name of Limite	ed Liability Company)
		ticles of Dissolution and fee(s) are submitt	
Please	return all	correspondence concerning this matter to t	he following:
		Jamie_L_Durso(Name	ic of Person)
			ka & Doddridge, PL
		(Fin:	n/Company)
			ulevard, Suite 101 Address)
		Trinity, FL 346 (City/Sta	5 5 te and Zip Code)
For fu	rther infor	mation concerning this matter, please call:	
		Jamie L. Durso	at ( 727 ) 937-4177  (Area Code & Daytime Telephone Number)
		(Name of Person)	(Area Code & Daytime Telephone Number)
		ck 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:	STREET/COURIER ADDRESS:
		Registration Section	Registration Section
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
		Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	DCB Real Property, LLC
2.	The Articles of Organization were filed on <u>April 30, 2014</u> and assigned
	document number <u>L14000070175</u>
3.	The delayed effective date the dissolution if not effective on the date of 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).
	LLC was formed as a holding company for real property. All
	properties have been sold.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
	20 F
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
<u>}</u>	USUN B Jawhstn, Manager Susan B. Jacobson, Manager Printed Name

FILING FEE: \$25.00