

L14 0000 89972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

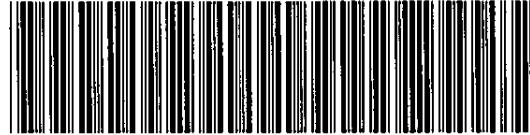
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271696747

04/16/15--01004--007 **25.00

FILED
15 APR 16 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVIDIAN DANIEL DIST. 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:

Davidian Daniel

(Name of Person)

DAVIDIAN DANIEL DIST. LLC

(Firm/Company)

12712 NW 102nd Ave

(Address)

Hialeah Gardens, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Davidian Daniel

(Name of Person)

786

at (

451-4518

(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:

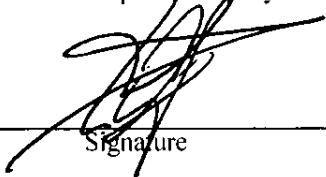
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
DAVIDIAN DANIEL DIST. LLC
2. The Articles of Organization were filed on 06/04/14 and assigned
document number 114000089972
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).
All activities and affairs for this limited liability company have been completed and
owner decided to file a termination
5. If there are no members, enter the name and address of the person appointed to wind up the company,
activities and affairs: Davidian Daniel
12712 NW 102nd Ave
Hialeah Gardens, FL 33018
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

Davidian Daniel
Printed Name

FILING FEE: \$25.00

FILED
15 APR 16 PM 12:54
CLERK OF STATE
TALLAHASSEE, FLORIDA