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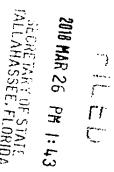
(Re	questor's Name)		
(Address)			
(Add	dress)		
(Cit	u/State/Zin/Dhane	- 40	
(City	y/State/Zip/Phone	÷ #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT. L

DOVHE, 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:

Greg Orquera	
(Name of Person)	
Orquera Florida Investments	
(Firm/Company)	
16 S Orange Avenue	
(Address)	
Sarasota 34236	

(City/State and Zip Code)

For further information concerning this matter, please call:

maud at (941 8220949 (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 DOVHE	company is		
2. The Articles of Organization w	ere filed on September 10, 2014	and assigned	
document number L140001418	0		
Note: If the date inserted in this	dissolution if not effective on the date cannot be prior to or more than 90 days late block does not meet the applicable statut date on the Department of State's record	cory filing requirements, this date will not be	
4. A description of occurrence the 605.0707, Florida Statutes, (cop	at resulted in the limited liability com by 605.0707 on back cover letter).	npany's dissolution pursuant to section	
Sale of property			
		2018 M	
5. If there are no members, enter activities and affairs:	the name and address of the person a	ppointed to wind up the company	
		FLOR	
_		1D _A	
-			
6. Signature of an authorized perslisted above to wind up the compa	son or if there are no members, the si iny's activities and affairs:	gnature of the person appointed and	
	Gregory Orque	era	
Signature		Printed Name	

FILING FEE: \$25.00