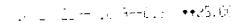
## L14 000 189 070

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(Ciby	/State/Zip/Phone	. #\
(City)	G(ate/Zip/Filone	<del>. #)</del>
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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2022 DCT 20 PM 12: 45

## **COVER LETTER**

	tration Section ion of Corporations	•			
CHD IVOT.	DFH INVESTORS, LLC				
(Name of Limited Liability Company)					
The enclosed A	Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return a	ll correspondence concerning this matter to	the following:			
	Jeannine Melio				
	(Nar	ne of Person)			
Southcoast Capital Corporation					
(Firm/Company)					
	241 Atlantic Blvd, Suite 201				
	(	Address)			
	Neptune Beach, FL 32266				
	(City/St	ate and Zip Code)			
For further inf	ormation concerning this matter, please call	: :			
Jeannine Mello		904 634-0077 at (			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a ch	neck for the following amount:				
<b>1</b> \$25.0	0 Filing Fee and Certificate of Dissolution	<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>			
	ing Address: istration Section	Street Address: Registration Section			
Divi	sion of Corporations	Division of Corporations			
	. Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

l. The name of a	limited liability company is	2022 OCT 20	PM 12: 45
DFH INVESTO		Seas in	
<del></del>		TALL AHAS	SEET. FI
2. The Articles of	Organization were filed on Decer	mber 10, 2014 and assigned	I
document num	ber <u>L14000189070</u>		
Note: If the da	fective date the dissolution if not e (effective date cannot be prior to or ite inserted in this block does not meet cument's effective date on the Departn	more than 90 days later than date document is receifule the applicable statutory filing requirements, the	ved for filing) is date will not be
4. A description of 605.0707, Flori	of occurrence that resulted in the linda Statutes, (copy 605.0707 on bac	mited liability company's dissolution pursick cover letter).	ant to section
Distribution of	all assets		
5. If there are no	members, enter the name and address	ess of the person appointed to wind up the	company's
activities and a	iffairs:		<u>-</u>
			<del></del>
6. Signature of an above to wind up	n authorized person or if there are rethe company's activities and affair	no members, the signature of the person ap	pointed and liste
11/1/	11/0/2/11/1		
$M \mathcal{D}$	NA NA	W. Radford Lovett, II, Manager	
*	Signature	Printed Name	

FILING FEE: \$25.00