L1500051456

(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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CAETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	•,		
SUBJECT: DED LINVESTMEN (Name of Limited Lia	nts Clinton Road, LU ability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for	r filing.		
Please return all correspondence concerning this matter to the following	llowing:		
Denise Designame of P	nond Person)		
(Firm/Com	ipany)		
91410 Persh Rd			
(Address)			
Lake Worth, FL 33467			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Dense Desmond (Name of Person)	at (SU) 441-558 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
	□ \$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 DID Investments Clinton Road, LLC.
2.	The Articles of Organization were filed on $3/23/20/5$ and assigned
3.	document number <u>L15000651456</u> The delayed effective date the dissolution if not effective on the date of filing: <u>Immediate</u> (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
4.	listed as the document's effective date on the Department of State's records. 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).
	Land 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:
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and
lis	de above to wind up the company's activities and affairs:
	FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: D. D. Investments Clinton Koad, LL
Document number of Limited Liability Company is: L150006 51456
Date of dissolution was: 4/30/16
Description of information that must be included in a written claim:
Name of claimant
Amt of claim
Date Claim incurred
Contact name, phone number, e-mail address
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 9146 Perth Rd Lake Worth FL 33467
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Denise Desmond Klenise Klesmond
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00