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(Re	questor's Name)			
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DEC 01 2015 S. YOUNG

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	DLSM, L (Name of	Limited Liability Company)	
	rticles of Dissolution and fee(s) are s	<u>-</u>	
Please return all	correspondence concerning this mat	tter to the following:	
	DIANA L	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
	97 SUNFL	OWER CT	SECRETALLY
		(Address)	3 7
	DESTIN F.	(Address) (Address) (Address) (C) (C) (C) (C) (C) (C) (C)	NOV 30 PN 5: 00
	(0	City/State and Zip Code)	TOS S
For further infor	mation concerning this matter, pleas	/	100 mg
	DIANA LYNN	at (404) 217 (Area Code & Daytime Tel	9538
	(Name of Person)	(Area Code & Daytime Tel	epnone Number)
Enclosed is a chec	ck for the following amount:	,	
\$25.00	Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Certified Copy (additional co	of Dissolution & py is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURI Registration Section Division of Corport Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
DLSM, LC	
2. The Articles of Organization were filed on $4-5-15$ and assigned document number 1500066410 FL STATE COMPLIANCE	
document number 27 2000 6 770 72 2070 2077	
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
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).	
dissolved into Another Application Non Prov	<u></u>
anssolved min Houses Appleant wow the	~//
್ಷ : : : : : : : : : : : : : : : : : : :	
5. If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs: DIANA LYNN Diana Time	
Scott MONSON SAL	
97 SUNFLOWER CT	
DESTIN FL 32541	
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:	
Diana Lynn DIANA LYNN Scott MONSON	
Signature Printed Name	

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:	om, UC
Document number of Limited Liability Company is:	
Date of dissolution was:	
Description of information that must be included in a write	ten claim:
	SEC:
	SS 30 E
	<u> </u>
Mailing address where claims can be sent: (Claims canno	· · · · · · · · · · · · · · · · · · ·
A claim against the above named limited liability companielaim is commenced within 4 years after the filing of this	
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

Electronic Articles of Organization For Florida Limited Liability Company

L15000066410 FILED 8:00 AM April 15, 2015 Sec. Of State kasaly

Article I

The name of the Limited Liability Company is: DLSM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

97 SUNFLOWER COURT DESTIN, FL. US 32541

The mailing address of the Limited Liability Company is:

97 SUNFLOWER COURT DESTIN, FL. US 32541

Article III

The name and Florida street address of the registered agent is:

LEGALINC CORPORATE SERVICES INC 5237 SUMMERLIN COMMONS STE 400 FORT MYERS, FL. 33907

Having been named as registered agent and to accept service of process for the above stated infifted liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statites relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARSHA DASCH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
DIANA LYNN
97 SUNFLOWER COURT
DESTIN, FL. 32541 US

Title: AMBR SCOTT MONSON 97 SUNFLOWER COURT DESTIN, FL. 32541 US

Signature of member or an authorized representative

Electronic Signature: MARSHA SIHA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L15000066410 FILED 8:00 AM April 15, 2015 Sec. Of State kasaly

Date of this notice: 04-20-2015

Employer Identification Number:

47-3769304

Form: SS-4

Number of this notice: CP 575 B

DLSM LLC DIANA LYNN MBR 97 SUNFLOWER CT DESTIN, FL 32541

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3769304. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DLSM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-20-2015
() - EMPLOYER IDENTIFICATION NUMBER: 47-3769304
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

DLSM ILC DIANA LYNN MBR 97 SUNFLOWER CT DESTIN, FL 32541