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SECRETARY OF STAT

M. MILLIGAN MAR 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Decon Depot 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:		
-		
Tracy Abrahamson (Name of Person)		
(Name of Fellow)		
(Firm/Company)		
7703 19Th Avenue Dr. W.		
Bradenton, FL 34209 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tray Abrahamson at (760) 473-0006 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Dayunte Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution \$\Bigsup \\$55.00 \text{ 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

FILED

1. The name of a limited liability company is	2018 MAR 19 PM 3: 5
Decon Depot LLC	SECRETARY OF STATE TALLAHASSEE, FLORID
2. The Articles of Organization were filed on Jan. 19, 20	and assigned
document number	
3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 days Note: If the date inserted in this block does not meet the applicable stalisted as the document's effective date on the Department of State's red	auntory ming requirements, this date will not be
4. A description of occurrence that resulted in the limited liability of 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	company's dissolution pursuant to section
No business has been conc	lucted under
this LLC. Sole member, chooses to dissolve.	Tray Abrahamson,
5. If there are no members, enter the name and address of the perso activities and affairs:	on appointed to wind up the company's
6. Signature of an authorized person or if there are no members, the listed above to wind up the company's activities and affairs:	e signature of the person appointed and
Transfer Transfer Transfer	Cy Abrahamon Printed Name

FILING FEE: \$25.00