L16000093599

| (Requestor's Name) | |
|---|-------------|
| (Address) | 4003554 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 11/23/20010 |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | Jenn |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only



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021--004 **25.00

2011/04/53 17! 8: 52



COVER LETTER

| Division of Corporations | | |
|--|---|--|
| SUBJECT: DCC Rentals L | LC | |
| (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: | |
| | | |
| Carole Wri | aht | |
| (Name of | p(Parson) | |
| | | |
| (Firm/C | Company) | |
| 010 415 120 | H C+ | |
| 860 NE 120- | dress | |
| | 34479 (34479) and Zip Code) | |
| - Ocala, FL | and Zip Code) | |
| (Chy/state) | ind Zip Code) | |
| For further information concerning this matter, please call: | | |
| | | |
| <u> Carole Wright</u> | at (<u>355</u>) <u>895 -9012</u> (Area Code & Daytime Telephone Number) | |
| (Name of Person) | (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: | Street Address: | |
| Registration Section | Registration Section | |
| Division of Cornorations | Division of Cornorations | |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. | The name of a limited liability company is | |
|----------|---|--|
| | DCCRentals, LLC | |
| 2. | The Articles of Organization were filed on 511212016, and assigned | |
| | document number <u>L1600009.3599</u> | |
| 3. | The delayed effective date the dissolution if not effective on the date of filing: <u>December</u> 31, 202 (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). | |
| | No longer in business | |
| | ن | |
| | | |
| | γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ | |
| | ال ال | |
| | | |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's | |
| | activities and affairs: <u>Cavole Wright</u> | |
| | 860 NE 120th St | |
| | Ocala, FL 34479 | |
| | | |
| 6. ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs: | |
| _(| Carole Wright Signature Printed Name Printed Name Of the Carole Wright | |
| | ÷ 1, | |

FILING FEE: \$25.00