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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSFE, FLORID!

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Du Lee Diel UC (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:	
Hathryn Sarie Day (Name of Person) Day Lee Diel LLC (Firm/Company) 4995 Kirkwood Ave (Address) Spring Hill FL. 34608 (City/State and Zip Code)	THAN 20 PH 12: 08
For further information concerning this matter, please call:	
Kathryn S. Day at (281), 797-9849 (Area Code & Daytime 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

1. The name of a limited liability company is	
Day Lee Diel LLC	·
2. The Articles of Organization were filed on	e and assigned
document number	
3. The delayed effective date the dissolution if not effective on the confective date cannot be prior to or more than 90 days. Note: If the date inserted in this block does not meet the applicable state listed as the document's effective date on the Department of State's reconstruction.	ater than date document'is received for filing) tutory filing requirements, this date will not be
4. A description of occurrence that resulted in the limited liability c 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section
Partner dropped out.	Dio.
·	Z A
	MAR 2
	20
5. If there are no members, enter the name and address of the person	n appointed to wind up the company's
activities and affairs: Kathryn Sa	rie Day
4995 Ki	Kwood Ave
Spring Hi	IL, FL. 34608
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:	
1	

FILING FEE: \$25.00