

L16000122692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

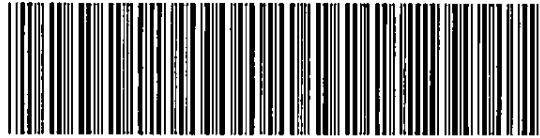
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10-11-23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSSKUSA LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David Rodrigues, CPA

(Contact Person)

Rodrigues & Associates, CPAs

(Firm/Company)

101 N Missouri Ave, Suite 2

(Address)

Clearwater, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

David Rodrigues, CPA

727 439-0089
at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
DARWATER VISION LLC

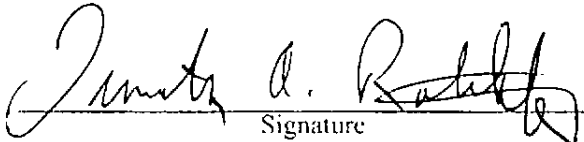
2. The Articles of Organization were filed on 06/27/2016 and assigned
document number L16000122692

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023
(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).
MEMBERS ARE CONSOLIDATING FOCUS TO OTHER EXISTING BUSINESS ENDEAVORS

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 listed
above to wind up the company's activities and affairs:


Signature

TIMOTHY A RATCLIFFE

Printed Name

FILING FEE: \$25.00