# 16000219834

(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
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### COVER LETTER

TO:

Registration Section **Division of Corporations** 

DEANFI, 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:

George B. Shepherd, Jr., Esquire

Freed & Shepherd, P.C.

9030 Stony Point Parkway, #400

Richmond, VA 23235

(City/State and Zip Code)

For further information concerning this matter, please call:

George B. Shepherd, Jr. at 804

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:**

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	DEANFI, LLC	·
2.	The Articles of Organization were filed on	December 5, 2016	and assigned
	document numberL16000219834		
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 605.0707, Florida Statutes, (copy 605.0707	the limited liability com on back cover letter).	pany's dissolution pursuant to section
	Company is no longer active in the State of Flor	rida.	
		<u> </u>	
			28
5.	If there are no members, enter the name and	d address of the person a	ppointed to wind up the company's
	activities and affairs:		
	_ Froma	Dias	
	4176	Dias Escondito G sota, Fl 30	vcle
	Sora	sota, FL 30	1238
6. lis	Signature of an authorized person or if then ted above to wind up the company's activiti	re are no members, the sig	
	Jona Dias	Fiona Dias, Ma	anager/Memb <del>er</del>
	/ Signature		Printed Name

FILING FEE: \$25.00

Signature