[170000020984]

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
MMils				

Office Use Only



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03/19/24--01023--015 **25.00

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	DBOB SOUTH, LLC	
2.	The Articles of Organization were filed on $1 - 26 - 17$ and assigned document number $2 + 17000034984$	
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 listed as the document's effective date on the Department of State's records.	be
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).	
	SALE OF PROPERTY	
	3ALL 0: 1701LN 181 1	=T
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>-</u>
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and listice to wind up the company's activities and affairs:	sted
40	To to time up the company to according arrange	
	Olanne Bunce Signature Dianne Bunce Printed Name	
	Signature Printed (vame	

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DBDB SCATH, 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:				
DICENAL BUILCE				
(Name of Person)				
(Firm/Company)				
P.C. Box 7				
P. U. BOX 7 (Address)				
WIND HA19, NY 12496 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Dianne Bunce (Name of Person)	at (
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 Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303