L1700	0062974
(Requestor's Name) (Address) (Address)	000357860940
(City/State/Zip/Phone #)	01/22/2101010010 **25.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2021 JAN 22 AH 6
Office Use Only	INON ANA INON ANA PROS ANA PRO

COVER LETTER

TO:	Registration Section Division of Corporations	r.	1	
SUBJE	CT: Dansa Designs, (Name of Limited Libility Co	LLC	 	. <u></u>

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Erickson (Name of Person) (Firm/Company) 160 Nine Mile Rd. (Address) Santa Fe, NM 87508 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Camela Erickism</u> at (<u>978</u>) 270 6101 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

125.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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
١.	The name of a limited liability company is
2.	The Articles of Organization were filed on 321 2017 and assigned
	document number <u>L17000062974</u>

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) <u>Note:</u> 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.

 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).

pusivess lacle a Sales hac 5. If there are no members, enter the name and address of the person appointed to wind up the company's riction activities and affairs: Mile Rd 87508 NM

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:

Kamele Z J Zich Signature Printed Name

FILING FEE: \$25.00