# (17000199633

(Re	equestor's Name)				
(Address)					
(Ac	ddress)	<u>.                                      </u>			
(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(D	ocument Number)	:			
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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05/24/18--01017--006 \*\*52.50

66/14/16--00098 -009 \*\*2.50

2010 JUH - S AH 8: 3]

J. HARRIS

### **COVER LETTER**

TO:	CO: Registration Section Division of Corporations					
SUBJE	·ርፕ·	Decentralized Manager	d Data, LLC			
30001	<u> </u>	(Name of Limite	d Liability Company)			
The end	closed Ar	ticles of Dissolution and fee(s) are submitte	d for filing.			
Please 1	return all	correspondence concerning this matter to the	ne following:			
Sean Williams						
		(Name	e of Person)			
		(Firm	/Company)			
		4693 SW 76th F	lace			
		(A	address)			
		Gainesville, FL 32	U C &			
(City/State and Zip Code)						
For furt	ther infor	mation concerning this matter, please call:				
		Sean Williams	at (			
		(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	d is a chec	k for the following amount:				
	□ <b>\$</b> 25.00	Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
		MAILING ADDRESS:	STREET/COURIER ADDRESS:			
		Registration Section	Registration Section			
		Division of Corporations	Division of Corporations			
		P.O. Box 6327	Clifton Building			
		Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2018

O

SEAN WILLIAMS 8693 SW 76TH PL GAINESVILLE, FL 32608

SUBJECT: DECENTRALIZED MANAGED DATA, LLC

Ref. Number: L17000199633

We have received your document for DECENTRALIZED MANAGED DATA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

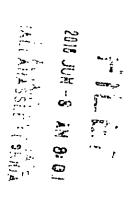
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00011010





## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liabil	ity company is		1	
Decentr	ilized Man	iged Data, L		<del></del> ·
. The Articles of Organization	n were filed on _	9/20/201	٦ and	assigned
document number <u>L 1</u>	70001996	33		
. The delayed effective date t (effective Note: If the date inserted in t listed as the document's effective	nis block does not i	neet the applicable sta	nutory ming requir	ent is received for filing) ements, this date will not
A description of occurrence 605.0707, Florida Statutes, (	copy 605.0707 or	ne limited liability c n back cover letter).	ompany's dissolu	tion pursuant to section
ı				
. If there are no members, ent activities and affairs:	er the name and a	iddress of the person	n appointed to wi	nd up the company's
activities and attaits.			-	
	Galae	5W 76th 1 sville, FL:	374.08	
i. Signature of an authorized pristed above to wind up the con	person or if there	are no members, the and affairs:	signature of the	person appointed and
	1_	4	Sean Willi	ams
Signature	7		Printed Nan	
/ ~	FIL	ING FEE: \$25.00		× 2

### Notice of Limited Liability Company Dissolution

#### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Decembralized	Manyed Data, LLC
Document number of Limited Liability Company is: L170	200199633
Date of dissolution was: $\frac{3/3/2}{18}$	
Description of information that must be included in a written c	laim:
Nome of Claimant + Contact in Claim Description Date of Incident Occurrence	, formation
Claim Description	
Date of Incident Occurrence	
Mailing address where claims can be sent: (Claims cannot be s	
6093 SW 7690 Place Gainesville, FL 32608	
A claim against the above named limited liability company wil claim is commenced within 4 years after the filing of this notic	
Printed Name of the Person Filing	Signature of the Person Filing