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(Re	equestor's Name)	
, (Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	<u>.</u>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



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COVER LETTER

TO: Regis

Registration Section Division of Corporations

SUDIECT.

DT ENTERPRISES, L.L.C.

(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:

DAVID M. RUTHERFORD (Name of Person) DAVID M. RUTHERFORD, INCOME TAX SPECIALIST (Firm/Company) P.O. BOX 5530 (Address) DESTIN FL 32540 (City/State and Zip Code) For further information concerning this matter, please call: TYLER C. RICE (Name of Person) (Area Code & Daytime Telephone Number)

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

. The nai	ne of a limited liability c	ompany is			
DT EN	TERPRISES, L.L.C.				
. The Ar	ticles of Organization we	re filed on 11/02/17		and assigned	
docume	ent number <u>L17000226771</u>				
Note:	If the date inserted in this b	ssolution if not effective or cannot be prior to or more than 9 ock does not meet the applica ate on the Department of Sta	o days rater than date dable statutory filing re	ocument is received for	
. A desci 605.070	ription of occurrence that 7. Florida Statutes, (copy	resulted in the limited liab 605.0707 on back cover l	oility company's dis etter).	solution pursuant (to section
CONVE	RTED ORGANIZATION	O A FLORIDA CORPORA	TION		
	are no members, enter th	e name and address of the	person appointed to	o wind up the com	pany's
activitie	es and affairs:	_ 			
) \ 55 }:	: EB
				0.3 0.3	-
i. Signatu isted abov	re of an authorized perso re to wind up the compan	n or if there are no membe y's activities and affairs:	rs, the signature of	the person appoint	ed and
m/.	7/m	TYL	ER C. RICE		
/ 7	Signature		Printed	Name	

FILING FEE: \$25.00