## 117000 249 556

(Req	uestor's Name)	-
(Addi	ress)	
(Add	ress)	
(Addi	1633)	
		_
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Rus	iness Entity Nar	me)
(Dd3	mess Emily man	110)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



600315693656

07/16/18--01010--021 \*\*55.00

2010 JUL 16 PH 2: 00

JUS -18

3333 Bartlett Ave, Conyers, GA 30013 | 404-859-7385 | darryle@argusson.com

July 4th, 2018

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

#### Dear Sir or Madam:

I am writing to provide the required cover letter with name and address for dissolution of a FL LLC.

LLC for dissolution: Deibel Cannabis Labs Document Number: L17000249556

DARRYLE GUARINO
3333 BARTLETT AVE

CONYERS, GA, 30013

Cell: 404-859-7385

Email: Darryle@argusson.com

Sincerely,

Darryle Guarino

#### **COVER LETTER**

TO: Registration Section Division of Corporations

BUECT: Deibel Cannabis Labs, 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:

Darryle M Guarino

(Name of Person)

Deibel Cannabis Labs

(Firm/Company)

1705 George Jenkins Blvd

(Address)

Lakeland, FL 33815

(City/State and Zip Code)

For further information concerning this matter, please call:

Darryle Guarino at (404) 859 7385 (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

# FILED

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Signature	Printed Name
1/4/1/1/	Darryle M Guarino
6. Signature of an authorized person or if the listed above to wind up the company's activit	ere are no members, the signature of the person appointed and ties and affairs:
	5 5 - <del></del>
	2: C
<del></del>	
activities and arraits.	
<ol> <li>If there are no members, enter the name an activities and affairs:</li> </ol>	nd address of the person appointed to wind up the company! 등 축구 는
	\$\ldots \ \frac{1}{2} \cdots \cdots \ \frac{1}{2} \cdots \frac{1}{2} \cdots \ \frac{1}{2} \cdots \cdots \cdots \ \frac{1}{2} \cdots \cdots \cdots \ \frac{1}{2} \cdots \cd
Lack of business	
<ol> <li>A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707 Lack of business</li> </ol>	n the limited liability company's dissolution pursuant to section 7 on back cover letter).
Note: If the date inserted in this block does no listed as the document's effective date on the l	not meet the applicable statutory filing requirements, this date will not be Department of State's records.
	for to or more than 90 days later than date document is received for filing)
document number L17000249556	
2. The Articles of Organization were filed on	1 12/06/2017 and assigned
Deibel Cannabis Labs, LLC	
1. The name of a limited liability company is	í

**FILING FEE: \$25.00**