117000261938

(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:					

Office Use Only



800328296428

04/22/19--61037--605 ••25.00

FILED

19 APR 22 AHII: 09

SEUNCTARY OF STATE
AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OF STATE AND ASSECTED OPPORT

THE PROPERTY OPPORT

THE P

MAY 02 2019

TSCHROEDER

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE		, , , , , , , , , , , , , , , , , , ,				
	(Name of Limite	ed Liability Company)				
The enc	losed Articles of Dissolution and fee(s) are submitte	ted for filing.				
Please r	eturn all correspondence concerning this matter to t	the following:				
	SUSAN HARTIG					
	(Name of Person)					
	D. BEST GAMES, LLC					
	(Firm/Company)					
	93 HIBISCUS DR					
	(Address) PUNTA GORDA, FLORIDA 33950					
	(City/State and Zip Code)					
For furt	her information concerning this matter, please call:					
	SUSAN HARTIG	941 504-8528 at ()				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed	l 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/COURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited D. BEST GAMES, LLC		is					
2. The Articles of Organ	nization were filed	12-26-2017 on	and assigned				
document number	7000261938						
(e <u>Note:</u> If the date inser	ffective date cannot be ted in this block does	the dissolution if not effective on the date of filing: we date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be dective date on the Department of State's records.					
605.0707, Florida Stat	utes, (copy 605.07	I in the limited liability company 07 on back cover letter). BEEN SOLD AND WILL NO LON	·				
BUSINESS AS OF 4-30)-2019.						
5. If there are no member activities and affairs:	ers, enter the name	and address of the person appoin	ted to wind up the company's				
detrates and drians.	93 HIBISC	US DR	R 22				
	PUNTA GO	ORDA, FLORIDA 33950					
			79 DA				
. Signature of an author isted above to wind up the	rized person or if the ne company's activ	nere are no members, the signatur rities and affairs;	re of the person appointed and				
Susan	$\langle X \rangle$	SUSAN HARTIG					
Signat	ure	Pri	nted Name				

FILING FEE: \$25.00