

L17000264277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

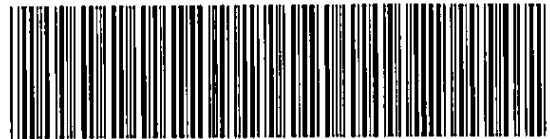
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/24/23

\$25

Office Use Only



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02/24/23 01015 005 *55.00

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2023 FEB 24 AM 9:29
SECRETARY OF
TALLAHASSEE, FLORIDA

LLC
VD

06/17/23
DC

LAW OFFICES OF
Hardin & Ball, P.A.

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rachgold@hardinpalaw.com

February 22, 2023

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

Re: Dissolution of a Florida Limited Liability Company
DTEV, LLC

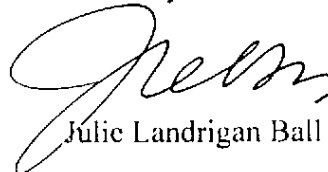
Dear Sir/Madame:

Enclosed for the processing of the dissolution of the above-referenced limited liability company, please find the following:

1. Cover letter with Articles of Dissolution for a Limited Liability Company,
2. Notice of Limited Liability Company Dissolution.
3. Cover letter with Statement of Termination,
4. Check for \$55.00 made payable to the Florida Department of State to cover the Filing Fee and Certified copy of the certificate of dissolution.

Should you have any questions, please call.

Sincerely,


Julie Landrigan Ball

JLB/mcd
Encl.
Cc: Client

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DTEV, 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:

MICHELE HJORLEIFSSON

(Name of Person)

(Firm/Company)

8915 Pinecrest Drive

(Address)

Lakeland, FL 33809

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELE HJORLEIFSSON

(Name of Person)

718

938-0691

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2023

JULIE LANDRIGAN BALL
LAW OFFICES OF HARDIN & BALL, P.A.
P. O. BOX 3604
LAKELAND, FL 33802-3604

SUBJECT: DTEV LLC
Ref. Number: L17000264277

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 523A00011558

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

DTEV, LLC

2. The Articles of Organization were filed on 12/29/2017 and assigned

document number L17000264277

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)

Note: 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.

4. 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).

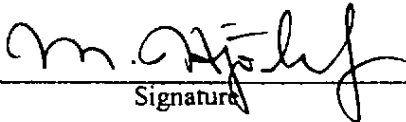
All members have consented to dissolution of the LLC.

2023 FEB 24 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

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:


Signature

Michelle
MICHELLE HJORLIEFFSSON
Printed Name

FILING FEE: \$25.00

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: DTEV LLC

Document number of Limited Liability Company is: L1700264277

Date of dissolution was: 2-15-2023

Description of information that must be included in a written claim:

The Small Business Administration may be entitled to assert a claim under loan number 8695057403.

The Company admits that as of January 31, 2023, \$61,500.00 is due under the agreement with the SBA

An annual interest obligation of 3.75% is fixed by the Promissory Note.

Confirmation of the claim must be delivered to the dissolved limited liability company by June 6, 2023

The LLC may make distributions to other claimants, members or transferees of the LLC without further notice.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MICHELE HJORLEIFSSON

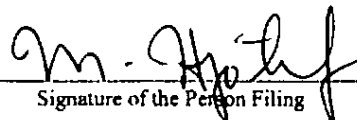
8915 Pinecrest Drive

Lakeland, FL 33809

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michele Hjorleifsson

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00