

L17000264277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

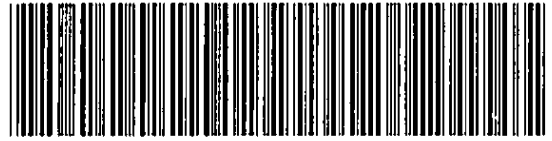
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2023 FEB 24 AM 9:31

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC
Term.

06/17/23
DC



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 \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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: 123A00011559

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DTEV LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination 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 Pincrest Drive

Address

Lakeland, FL 33809

City/State and Zip Code

mhorleifsson@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE HJORLEIFSSON at (718) 938-0691

Name of Person Area Code Daytime Telephone Number

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

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

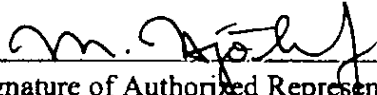
FIRST: The name of the limited liability company is: DTEV LLC

SECOND: The Florida Document number of the limited liability company is: L17000264277

THIRD: The date of filing of the initial articles of organization is: 12/29/2017

FOURTH: The date of filing of the dissolution is: 2-15-2023

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.


Signature of Authorized Representative

MICHELE HJORLEIFSSON
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA