

L180000042027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

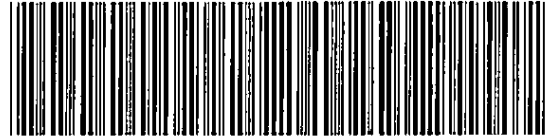
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J. HORNE

JAN 30 2024

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FILED
24 JAN -3 AM 11:32
JAN 30 2024
J. HORNE

SUBJECT: PROTECH TECHNOLOGIES LLC

PROTECH TECHNOLOGIES LLC

Please return all correspondence concerning this matter to the following:

(Name of Person)

PROTECT TECHNOLOGIES LLC

(Firm/Company)

(Address)

Deltana, FL 32738

(City/State and Zip Code)

David Tomaino

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

(Area Code & Daytime Telephone Number)

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$25.00 Filing Fee and Certificate of Dissolution ☒ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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

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

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

FILED

24 JAN -3 AM 11:33

RECEIVED
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
PROTECH TECHNOLOGIES LLC

2. The Articles of Organization were filed on 02/15/2018 and assigned
document number L18000042027

3. The delayed effective date the dissolution if not effective on the date of filing: 01/29/2023
(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).
Never been used as a company.

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

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:

David Tomaino
Signature

David Tomaino
Printed Name

FILING FEE: \$25.00