

L19000156632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

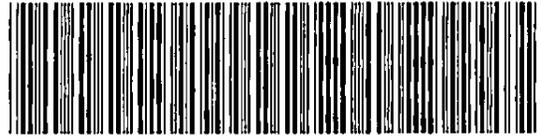
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2023-12-08 10:10:17

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLOSE DOWN / OF DUNROVIN SYSTEMS LLC

**DOCUMENT NUMBER:** L19000156632

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN D. KRISTOFF  
\_\_\_\_\_  
(Name of Contact Person)

DUNROVIN SYSTEMS LLC  
\_\_\_\_\_  
(Firm/Company)

6002 GRAND PLAM DRIVE, APT 423  
\_\_\_\_\_  
(Address)

TAMPA, FLORIDA 33647-2665  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN D KRISTOFF at ( 202 ) 422 9500  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy<br><small>(Additional copy is enclosed)</small> | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy<br><small>(Additional copy is enclosed)</small> |
|--|---|---|--|

**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

*DunRovin Systems*

TO: Registration Section  
Division of Corporations

SUBJECT: DunRovin Systems LLC  
Ref. Number: L19000156632

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John D. Kristoff  
DunRovin Systems LLC  
6002 Grand Palm Drive, Apt. 423  
Tampa, FL 33647-2665

For further information concerning this matter, please call:

John D. Kristoff at (202) 422-9500

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

Sent to:

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

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

1. Name of Limited Liability Company is DunRovin Systems LLC
2. The Articles of Organization were filed on June 13, 2029, and assigned Document Number: L19000156632
3. The delayed effective date the dissolution if not effective on date of filing: 1 December 2023
4. A description of the occurrence that resulted in the Limited Liability Company's dissolution pursuant to section 605.0707, Florida Statutes (copy 605.0707

Retirement and close down of business

5. Single Member LLC: and person responsible for wind up of company business  
John D. Kristoff, 6002 Grand Palm Drive Apt 423, Tampa FL 33647-2665  
Mobile Phone (202) 422-9500 / Email: DunRovinLtd@gmail.com
6. Signature of the single member and authorized person to wind up the company's activities and affairs.

*John D. Kristoff*  
Single Member / Principal

John D. Kristoff

Filing Fee: \$25.00

2029 JUN 13 10:00 AM  
TAMPA FL 33602  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA