

L19000236176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

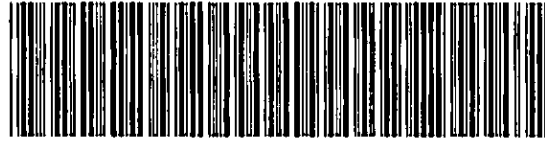
(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/22--01012--013 **25.00

FILED
2022 MAR 22 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEBRA ALLEN 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:

Debra Allen
(Name of Person)

Debra Allen LLC
(Firm/Company)

14614 BLACK CHERRY TRAIL
(Address)

WINTER GARDEN, FLORIDA 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Allen at 407, 676 0047
(Name of Person) (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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

2022 MAR 22 PM 2: 13

DEBRA ALLEN LLC

SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on

9/18/2019

and assigned

document number

L19000236176

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).

CEASED BUSINESS

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

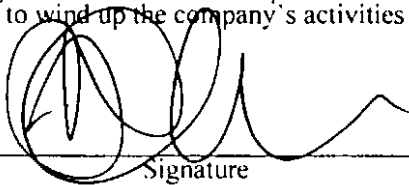
Debra Allen

14614 Black Cherry Trail

Winter Garden

FL 34787

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

DEBRA ALLEN

Printed Name

FILING FEE: \$25.00