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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Divisi | ion of Corporations | · | | | |
|---|---|---|--|--|--|
| SUBJECT: | DCG TRADING | Concepts LLC | | | |
| | (Name of I | Limited Liability Company) | | | |
| | | | | | |
| The enclosed A | Articles of Dissolution and fee(s) are su | abmitted for filing. | | | |
| Please return a | Il correspondence concerning this matt | ter to the following: | | | |
| | | | | | |
| DANIEL GASCOYNE (Name of Person) | | | | | |
| | (Name of Person) | | | | |
| | | | | | |
| | | (Firm/Company) | | | |
| | 9-211. | id 2 . 11 | | | |
| | 10/Marina UK. | (Address) | | | |
| | ./ 0 . 0 ./ | 61 32W 8 | | | |
| M. Palm Beach, FL 33408 (City/State and Zip Code) | | | | | |
| | (' ' | , , , , , , , , , , , , , , , , , , , | | | |
| For further info | ormation concerning this matter, please | e call: | | | |
| 6. | | | | | |
| 12 | nier GASCOTNE | at (<u>\$60</u>) <u>962-7655</u> (Area Code & Daytime Telephone Number) | | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a che | eck for the following amount: | | | | |
| 区 \$25.00 | 0 Filing Fee and Certificate of Dissolution | ☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | | | |
| | ng Address: | Street Address: | | | |
| Registration Section | | Registration Section | | | |
| | sion of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2022 JAN 10 AM 6: 50

| 1. The name of a limited li | ability company is | | |
|---|--|--|---------------------------------------|
| DCGTR | ADING CUNCEPTS, LLC | SECRE | TARY OF STATE LAHASSEE, FL |
| 2. The Articles of Organiza | ntion were filed on $\frac{5/1/2\omega}{}$ | | |
| document number <u>L</u> 2 | 10000117852 | | |
| Note: If the date inserted | ate the dissolution if not effective tive date cannot be prior to or more than in this block does not meet the appli ffective date on the Department of S | on the date of filing: $\frac{i \lambda/3i/\lambda z}{90}$ days later than date document is receivable statutory filing requirements, thate's records. | ived for filing) his date will not be |
| 605.0707, Florida Statuto | es, (copy 605.0707 on back cover | • | uant to section |
| <u>leased op</u> | erasions when I | fully retired | |
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| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| 5. If there are no members, | enter the name and address of th | e person appointed to wind up the | company's |
| activities and affairs: | DANIEL GASC | eyne | |
| | 907 Marina D | R #304 | |
| | | FL 32408 | |
| | | | |
| 6. Signature of an authorize above to wind up the compa | ed person or if there are no memb any's activities and affairs: | ers, the signature of the person ap | pointed and listed |
| Minief Description | gree | DANIEL GASCOYNE Printed Name | |
| Signatur | 7 | Printed Name | |

FILING FEE: \$25.00