

(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:

Office Use Only



500424213265

02/00/04--00024--000 **25.00

2024 FEB 20 PM 5: 59
STUDIO STATE
TO THE STATE OF THE STA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DAKLGREN, LLC (Name of Limited	1 Liability Company)		
·			
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
ALAN L. DA	hlgren of Person)		
DAHLGREN, LLC (Firm/Company)			
5703 WATER OAKLANE.			
Mulberry FLOR(DA 33860 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ALAN L. DANGREW (Name of Person)	at (847) 772-2697 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee and Certificate of Dissolution	S55.00 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 EIABILITY COMPANY

The name of a limited liability company is	
DAHLGREN, LLC	
The Articles of Organization were filed on <u>June 1, 2020</u> and assigned	
document number <u>L 2000 4 87 2 8</u>	
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 no listed as the document's effective date on the Department of State's records.	t be
A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	n
Retired From health care consulting	
2024 FEB	— <u>}</u> ;
	<u> </u>
20 P	
If there are no members, enter the name and address of the person appointed to wind up the company's	
activities and affairs: ALAN 1. DAHLGREN TE S	
5703 WATER OAK LANE	
Mucherry, FL 33860	
$oldsymbol{y}$	
Signature of an authorized person or if there are no members, the signature of the person appointed and I ove to wind up the company's activities and affairs:	isted
Can Algren 2/17/24 ALAW L. DAHIGREN Signature Printed Name	
FILING FEE: \$25.00	
5 65351 TO 8 37534 Q MAC 10 W	