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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: DAH Capital Solutions 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:					
DOPENE A. HARRUSON (Name of Person)					
DAH Capital Solutions UC					
10093 SWOAK Tree Cercle					
Port Saint Lucie 7-1 A 34987 (City/State and Zipl Code)					
For further information concerning this matter, please call:					
Porque A. Horrusin at (702) 340-4463 (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/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	9
DAH Capital Solutions, LLC	P: .
2. The Articles of Organization were filed on $6/10/20/20$ and assigned	7:31
document number <u>CP 5 7.5 G</u> <u>L Z 000 159 793</u>	
3. The delayed effective date the dissolution if not effective on the date of filing: 10-15 (effective date cannot be prior to or more than 90 days later than date document is received Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d listed as the document's effective date on the Department of State's records.	for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuar 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	nt to section
DAH Capital Solution LC WAS created by it's sole in	· Emler
Dorene Horrison. This company was not starte	o And
basically ABan somed due to my contracting	·
And Contenued Residual health problem	MS.
5. If there are no members, enter the name and address of the person appointed to wind up the co activities and affairs:	mpany`s
10093 SW OAK TIZE CU	cle
Port Spirit Lucie, Fla 34	987
6. Signature of an authorized person or if there are no members, the signature of the person appoilisted above to wind up the company's activities and affairs:	inted and
Daene a. Hannesin Dovene A. W. Signature Printed Name	muson

FILING FEE: \$25.00