L20000182099

(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:

J. HORNE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAE TRACTOR WORK 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:

DEWAYNE A EVANS
(Name of Person)

DAE TRACTOR WORK LLC
(Firm/Company)

15701 NW 38TH AVE
(Address)

REDDICK FLORIDA 32686
(City/State and Zip Code)

For further information concerning this matter, please call:

DEWAYNE EVANS at (352) 895 0516
(Name of Person) (Area Code & Daytime Telephone Number)

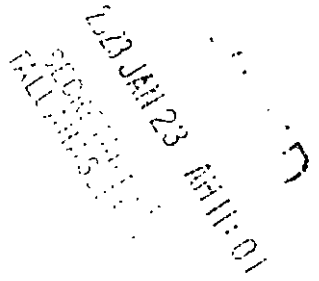
Enclosed is a check for the following amount:

■ $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

1. The name of a limited liability company is
   DAE TRACTOR WORK LLC

2. The Articles of Organization were filed on JUNE 29TH, 2020 and assigned
   document number L20000182099

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2022
   (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).
   OWNER OPERATOR PHYSICALLY DISABLED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
   DEWAYNE EVANS
   15701 NW 38TH AVE
   REDDICK, FLORIDA 32686

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:

Dewayne A Evans
Signature

DEWAYNE A EVANS
Printed Name

FILING FEE: $25.00