

L2 0000 222822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

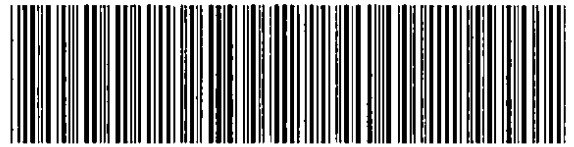
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
JUN 12 2023

Office Use Only



900410178169

06/13/23--01003--006 **25.00

RECEIVED
JUN 12 2023

FILED
2023 JUN 12 PM 12:17
CLERK OF COURT
TALLAHASSEE, FLORIDA

Good Afternoon,

To Whom it may Concern,

I was unsure of the Address for Return
you wanted on the Cover letter.

on Cover Letter I have Address of Business
that is being dissolved, No Longer at that
Address.

Current Return Address- 1631 SW 23rd AVE
Fort Lauderdale, FL 33311

DanaMC@yahoo.com

for any needed Further Communication.

Thank you

Dana M. Colwell

Dana M. Colwell



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to **dissolve a Florida Limited Liability Company.**

A limited liability company can voluntarily dissolve by filing articles of dissolution with the Division of Corporations that meet the requirements of 605.0707, Florida Statutes.

The fees are as follows:

\$25.00	Filing Fee and automatic certificate of dissolution
\$30.00	Certified copy (optional)

Submit one check made payable to the Florida Department of State. Please include a cover letter containing your telephone number and return address. A letter of acknowledgment and certificate of dissolution will be issued after the dissolution has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF DISSOLUTION IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

COVER LETTER

TO: Registration Section
Division of Corporations
DMC-USA Holdings, LLC

SUBJECT: _____
(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:

Dana M Colwell

(Name of Person)

Bia Brazil USA

(Firm/Company)

3304 NE 33rd street

(Address)

Fort Lauderdale, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Dana

908

2206687

at (_____)

(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

2023 JUN 12 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is
DMC-USA Holdings

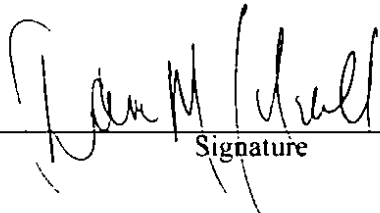
2. The Articles of Organization were filed on August 2020 and assigned
document number 120000222822

3. The delayed effective date the dissolution if not effective on the date of filing: 4/23/2023
(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).
No longer in business. I closed up

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

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

Dana M Colwell

Printed Name

FILING FEE: \$25.00