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NAME:

DOLAFON, LLC

TYPE OF FILING: DISSOLUTION

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

DOLARFON 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:

EDGAR SMILOVICI

(Name of Person)

DOLARFON LLC

(Firm/Company)

8333 NW 53RD ST. STE 450

(Address)

DORAL, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

EDGAR SMILOVICI

..786

624-9757

(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



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ing: 06/06/2022 ate document is received for filing) ng requirements, this date will not be
s dissolution pursuant to section
ed to wind up the company's
e of the person appointed and listed
SMILOVICI
ited Name

FILING FEE: \$25.00