# L21000373167

(Requestor's Name)					
(Ac	dress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	TIAW	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	wmils				





900424619069

63-19-1--01017- 021 \*\*05.01

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# **COVER LETTER**

**TO:** Registration Section

Division of Corporations					
SUBJECT: Day'S and Sons (Name of Limited	Property LLC Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	e following:				
Charles Manus (Name of Person)					
(Firm/C	Ompany)				
01					
Bridgeweter, MA, C2324 (City/State and Zip Code)					
(Ad	dress)				
Radoureter	010 673711				
Drogeweil, MH, Casa9					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Charles Dais	au 500 725 7733				
(Name of Person)	(Area Code & Daytime Telephone Number)				
	•				
Enclosed is a check for the following amount:					
S25,00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:	Street Address:  Description Section				
Registration Section	Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
Minimum, La Jast 1	Tallahassec, FL 32303				

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Ι.	The name of a limited liability company is  Day's and Sons Property, LUC
2.	The Articles of Organization were filed on 8/9/3621 and assigned
	document number <u>L2100037316</u> †
3.	The delayed effective date the dissolution if not effective on the date of filing:
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).
	we sold + moved out of state.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	347 Cherry St
	Brdgwater, MA 02324
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
(	huledes Charles M Davis
~	Signature Printed Name

**FILING FEE: \$25.00** 

## Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	Davisano	L Sons Pro	sperty, LCC	
Document number of Limited Liability	Company is: La	1000 37	3167	
Date of dissolution was: 2 26				
Description of information that must be		n claim:		
Mailing address where claims can be se	ent: (Claims cannot b	e sent to the Divis	sion of Corporations)	)
Charles	Navis			
<u> 347 Clu</u>	erryst			
Brdg	schater, M	A		
	02324			
A claim against the above named limite claim is commenced within 4 years after			ess a proceeding to e	nforce the
Charles Da	( 15	Char		$\supset$
Printed Name of the Person Filing		Signat	ure of the Person Filing	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00