

Florida Department of State
Division of Corporations
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L21000487026

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALTON NORTH AMERICA INC.
Account Number : I20100000010
Phone : (305)393-8662
Fax Number : (305)397-0323

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC DISSOLUTION OR WITHDRAWAL
DBCARDS LLC

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is **DBCARDS LLC**
2. The Articles of Organization were filed on **11/12/2021** and assigned document number **L21000487026**
3. The delayed effective date the dissolution if not effective on the date of filing:
December 31st 2022
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)

The Company is no longer active in the United States and is no longer needed.

5. 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

Daniel van Hoogen (Authorized Member)

Daniel van Hoogen
Printed Name

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SECRETARY OF STATE
TALLAHASSEE, FL

Notice of Limited Liability Company Dissolution

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.

Limited Liability Company: **DBCARDS LLC**

Document Number Limited Liability Company is: **L21000487026**

Date of dissolution was **December 31st 2022**

Description of information that must be included in a claim:

1. Date
2. Type
3. Amount

Mailing address where claims can be sent:

Daniel van Hoogen
Strada Caiuti 2
Scara B, Apartment 7
Constanta 900546
Romania

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Daniel van Hoogen

Printed Name of the Person Filing



Signature of the Person Filing

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TALLAHASSEE, FL