

(Re	equestor's Name)
(Ad	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
ed Copies	Certificates of Status
al Instructions to	Filing Officer:
	Office Use Only





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417 E. Virginia Stree	CONNECTION, INC. at, Suite 1 • Tallahassee, Florida 32301 1-800-342-8062 • Fax (850) 222-1222	Υ
DOUG WRIGHT	HOLDINGS LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DOUG Wright Holdings 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:

John H. Puiz (Name of Person) (Firm/Company) 2701 S. Le Jeune Rd. 10th floor (Address) (Cirv/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1. The name of a limited liabili	ty company is		
W.	ng wright Ho	idings LLC	2022 DEC 22
2. The Articles of Organization	were filed on Janua	ry 12,2022	_ and assigned
document number <u>L22</u>	0000 15154		
 The delayed effective date the (effective of (effective) <u>Note:</u> If the date inserted in the listed as the document's effect 	us block does not meet the ap	plicable statutory filling r	: December 2 locument is received for fil equirements, this date wi
4. A description of occurrence 605.0707, Florida Statutes, (o	that resulted in the limited copy 605.0707 on back cov	liability company's dis er letter).	ssolution pursuant to s
Entity	Inactive		
 If there are no members, enter activities and affairs: 	er the name and address of	the person appointed t	o wind up the compan
	;C.b.a	nhere the signature of	the person appointed

Signature

----Printed Name

FILING FEE: \$25.00