

L23000072351

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 1 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DMA Electrical Solutions 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:

Milagros Richards Martinez

(Name of Person)

DMA Electrical Solutions LLC

(Firm/Company)

1072 Monterey Dr

(Address)

Deltona FL 32725

(City/State and Zip Code)

For further information concerning this matter, please call:

Milagros Richards Martinez

(Name of Person)

386

4735970

at ( )

(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**

1. The name of a limited liability company is

DMA Electrical Solutions LLC

2. The Articles of Organization were filed on 02/14/2023 and assigned

document number L23000072351

3. The delayed effective date the dissolution if not effective on the date of filing: 06/29/2024  
(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.

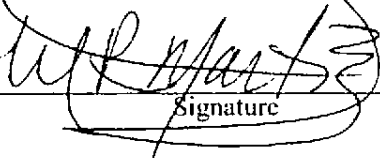
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Senior partner in charge of administration and structuring got critically ill and we could not

complete the process of Insurance and getting the LLC active.

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

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

Milagros Richards Martinez

Printed Name

**FILING FEE: \$25.00**