

L23000452933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

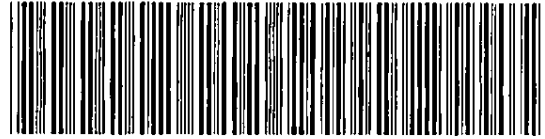
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 28 2024

Office Use Only



000430637910

2024 JUN 27 PM 9:43
FILED

000430637910
2024 JUN 27 PM 9:43

RECEIVED
2024 JUN 27 AM 11:46
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DG LOT INVESTMENT 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:

STACY SMALL

(Name of Person)

SMITH THOMPSON SHAW

(Firm/Company)

3520 THOMASVILLE ROAD - 4TH FLOOR

(Address)

TALLAHASSEE, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

STACY SMALL

(Name of Person)

850

893-4105

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**

FILED
2024 JUN 27 AM 9:15

1. The name of a limited liability company is
DG LOT INVESTMENT LLC
2. The Articles of Organization were filed on 10/03/2023 and assigned
document number L23000452933
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
NOT CONDUCTING BUSINESS IN FLORIDA
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: GARY MIDDLETON, AUTHORIZED MEMBER
3028 ELMWOOD ROAD
TALLAHASSEE, FL 32317
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

GARY MIDDLETON
Printed Name

FILING FEE: \$25.00