

L240000016568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

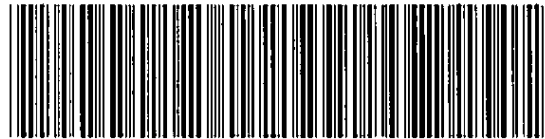
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100423472851

FILED

2024 FEB 12 AM 10:19

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB 12 PM 2:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/12/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1227179

ORDER ENTITY
DORRANCE CAPITAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DORRANCE CAPITAL, LLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dorrance Capital, 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:

Adam Devine & Clementina Devine

(Name of Person)

Dorrance Capital, LLC

(Firm/Company)

101 Dorrance, St

(Address)

Hamden, Ct 06518

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Devine

(Name of Person)

203

804-4833

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 FEB 12 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Dorrance Capital, LLC

2. The Articles of Organization were filed on 1/25/2024 and assigned
document number L24000016568

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).
Consent of all members.

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

101 Dorrance, St

Hamden, Ct 06518

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

Adam Devine

Printed Name

FILING FEE: \$25.00