L18 OCC 198172

(Requestor's Name)		_
(Address)		_
(Address)		_
(City/State/Zip/Phone #)		_
PICK-UP WAIT	MAIL	
(Business Entity Name)		_
(Document Number)		_
Certified Copies Certificates of S	tatus	_
Special Instructions to Filing Officer:		
Office Use Only		



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07/02/20--01011--025 **25.00

2020 JUL -2 AM 6: 49
SECKETARY OF STATE
SECKETARY OF STATE

D. BRUCE AUG 18 2020

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	BUMPER PROTECT, PRO). LIMITED	LIABILITY COMPANY		
		(Name of	Limited Liability Company)		
The enclosed	Articles of Dissolution and	fee(s) are su	ubmitted for filing.		
Please return	all correspondence concerni	ng this mat	ter to the following:		
	David Olivencia, JSM				
			(Name of Person)		
	Professional Accounting	Group, LL	.c. '		
			(Firm/Company)		
	PO Box 622521				
			(Address)	35	3
	Orlando, FL 32862-2521			ALI ALI	== == ==
		(Ci	ity/State and Zip Code)	至	2000 1111 -2
For further in	formation concerning this m	atter, please	e call:	ASSER	PH 6: 49
Davi	id Olivencia,JSM		407 207-5509 at ()	N FIE	6: 49
	(Name of Person	1)	(Area Code & Daytime Telephone Numb	er)	
Enclosed is a cl	neck for the following amount:				
■ \$25.0	00 Filing Fee and Certificate of	Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Reg Divi P.O.	ing Address: istration Section ision of Corporations Box 6327 ahassee, 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 liabili BUMPER PROTECT, PRO. LI			OMPANY	<u> </u>
2.	The Articles of Organization	were filed o	n 08/16/2	018 an	d assigned
	document number 83-171470	6		<u> </u>	
3.	The delayed effective date th (effective of Note: If the date inserted in the listed as the document's effect	de dissolution late cannot be p lis block does ive date on the	if not efficient in its interest in its intere	fective on the date of filing: 04/ fore than 90 days later than date documents applicable statutory filing requirent of State's records.	30/2020 nent is received for filing) rements, this date will not be
4.	A description of occurrence (605.0707, Florida Statutes, (c	 that resulted opy 605.070	in the lim 7 on back	. l ited liability company's dissolu : cover letter).	ution pursuant to section
	Insolvency				
	Insolvency				
	Insolvency				
5.	If there are no members, ente	ŀ		s'of the person appointed to wi	nd up the Thippany JUL
	activities and arrans.	11920 CASS	IABARK	CT ORLANDO, FL 32837	HASS
			_		100 6:
					' m' o
6. ab	Signature of an authorized peove to wind up the company's	erson or if the	ere are no d affairs:	members, the signature of the	person appointed and listed
	Leon Wright			Leon Wright	
	Signature			Printed Nan	ne

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the disso unknown claims against this limited	lved limited liability cor	Hiability company named below for resolution of payment of appany as provided in s. 605.0712, F.S.
This "Notice of Limited Liability G voluntary dissolution.	Company D	issolution" is optional and is not required when filing a
Name of Limited Liability Company	08/16/2018	
Document number of Limited Liabil	ity Compan	L18000198172 y is:
Date of dissolution was:	1,2019	
Description of information that must	be included	l in a written claim:
General notice of Corporate Dissolution	To whom it	may concern
Let it be known that the company know	 n as BUMPE 	R PROTECT, PRO. LIMITED LIABILITY COMPANY
is hereby dissolved by all its managing r	nembers by 1	eason of insolvency as of December 31, 2019.
All debts owed by the company and all c	laims agains I	t the company will be paid Leon Wright for all liquidation
at the business address set forth above./	l Any claim ma I	de after December 31, 2019 will hereb become null and void.
Mailing address where claims can be	sent: (Clair	ns cannot be sent to the Division of Corporations
11920 CASSIABARK CT ORI	ANDO, FL	32837 HAC 2
		E.S. 6: 4
		• • • • • • • • • • • • • • • • • • • •
A claim against the above named lim claim is commenced within 4 years a	ited liability fter the filin	company will be barred unless a proceeding to enforce the
Leon Wright		1 agra 11 hight
Printed Name of the Person Fili	ng I	Leon Wright Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00