120000001814

Express Ring Co. LCC
Requester's Name

1408 North Killian Dr., Ste 211

Lake Park, FL 33403

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 4000033423142
3. (Corporation Name)	-08/01/0001070014 *****35.00 *****35.00 (Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS AMENDMENTS AMENDMENTS
Profit Name Net for Profit Availability Domestication Ocumen Other	Amendment Resignation of R.A., Officer/Director
Updater OTHER FILINGS	REGISTRATION/QUALIFICATION
Vocater Annual Report Verifyer Fictitious Name Acknowledgement DCC	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark
DCC DCC	Other

CR2E031(7/97)

118100000001814

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 8, 2000

EXPRESS PARKING CO., LLC 1408 NORTH KILLIAN DR., STE 211 LAKE PARK, FL 33403

SUBJECT: EXPRESS PARKING CO, LLC

Ref. Number: L00000001814

We have received your document for EXPRESS PARKING CO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application for the dissolution of a limited liability company. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 100A00042693

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

				EXPRESS		<u> </u>	•
2. The eff	ective date o	f the limited	liability com	pany's dissolution is	Hug	15/ 21	000.
3 A desc	rintion of the	occurrence 1	that resulted	in the limited liabili of 608.441 on back	ty company's	dissolution p	ursuant to
6	08,441	, (1) (B	3)	-	-		
		<u>.</u>			 	NILV.	SF
4. CHEC	CK ONE:	ns and liabili	ities of the li	nited liability comp	any have been	paid or discl	narged.
$\Delta \mathbf{D}$						1 1	
-OR- □ Adequ	ate provision	has been ma	ade for the de	ebts, obligations and	l liabilities pur	suant to \$ 60)8.至21.
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Filing Fee: \$25.00