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From:

Account Name : C T CORPORATION SYSTEM

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Fax Number

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LLC DISSOLUTION OR WITHDRAWAL FORT MYERS COLLISION CENTER, LLC

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A. LUNT

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EXAMINER

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12/27/2012

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CT CORPORATION

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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIBOT

Fort Myers Collision Center, 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:

Elizabeth A. Chapman

(Name of Person

Parker Poe Adams & Bernstein LLP

(Firm/Company)

401 S. Tryon Street, Suite 3000

(Address)

Charlotte, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth A. Chapman

,704 、335-985

(Nume of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25,00 Filing Fee

p \$30.00 Filing Fee & Certificate of Status

p \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)

p \$60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·				
1. The name of a limited liability company is	•			
Fort Myers Collision Center, LLC				6
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2. The Articles of Organization were filed on $\frac{04/14/2}{2}$	000	and a	signed docu	ment num
L00000004315	,			
•				
The date the dissolution was approved: 12/15	5/2012.	·		The
A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back covered to the covere	d liability compa er letter).	ny's dissolutio	ı pursuant t	o section
Written consent of the sole member.	·	<u> </u>		·
	· · · · · · · · · · · · · · · · · · ·	·		
COMPONE CAMP.				
i. CHECK ONE;	•			_
All debts, obligations and liabilities of the lim	tited liability con	ipany have bee	n paid or di	scharged.
OD	•			
-OR- Adequate provision has been made for the del	bts, obligations a	nd liabilities pu	ersuant to s.	608.4421.
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FILING FEE: \$25.00