

L02000D035065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

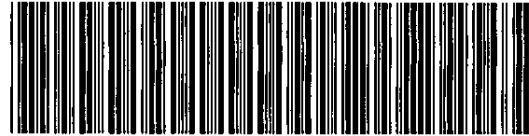
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100256662971

02/13/14--01009--009 **25.00

FILED

2014 FEB 13 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Platinum Car Wash dba Metro Raceway Car Wash
(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:

Diane Calabrese

(Name of Person)

Platinum Car Wash DBA Metro Raceway

(Firm/Company)

~~10180 Metro Parkway~~ 1392 WOOD DUCK TRAIL

(Address)

~~Fort Myers, FL~~ Naples FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Calabres

(Name of Person)

at 239 289-9109

(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/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
Platinum Car Wash dba Metro Raceway Car wash
2. The Articles of Organization were filed on 12/30/2002 and assigned
document number L02000035065
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).
SOLD Business 4/1/2013
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

Printed Name

Diane Calabrese

Diane calabrese

FILING FEE: \$25.00

FILED
2014 FEB 13 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA