

L: 05000021909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

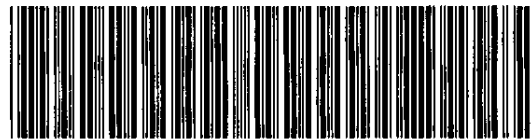
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
MAY 12 2017  
TALLAHASSEE, FLORIDA

17 MAY 12 2017

MAY 15 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2017

DAVID H KRAMER  
6241 SW 9TH STREET  
PLANTATION, FL 33317

SUBJECT: TAXICAB 628 OF BROWARD COUNTY, LLC  
Ref. Number: L05000021909

We have received your document for TAXICAB 628 OF BROWARD COUNTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 017A00008294

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Taxicab 628 of Broward County, 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:

David H. Kramer  
(Name of Person)

(Firm/Company)

6241 SW 9th street  
(Address)

Plantation, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

David H. Kramer at (954) 816-4732  
(Name of Person) (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

Taxicab 628 of Broward County, LLC

2. The Articles of Organization were filed on 3-2-2005 and assigned

document number L05000021909

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).

Sold the operating certificate of public  
Convenience and necessity

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

David H. Kramer  
6241 SW 9th Street  
Plantation, FL 33317

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:

David H. Kramer  
Signature

David H. Kramer  
Printed Name

**FILING FEE: \$25.00**