

L05000021918

(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



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04/26/17--01023--028 **25.00

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MAY 10 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2017

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

SUBJECT: TAXICAB 680 OF BROWARD COUNTY, LLC
Ref. Number: L05000021918

We have received your document for TAXICAB 680 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):

Please file voluntary dissolution before filing statement of termination.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 017A00008374

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RELAY
2017 MAY 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taxicab 680 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Taxicab 680 of Broward County, LLC

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

document number L05000021918

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

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TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Taxicab 680 of Broward County, LLC

Document number of Limited Liability Company is: LO5000021918

Date of dissolution was: 4-20-2017

Description of information that must be included in a written claim:

sold the operating certificate of public
convenience and necessity

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

David H. Kramer
Printed Name of the Person Filing

David H. Kramer
Signature of the Person Filing