

L06000/029/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

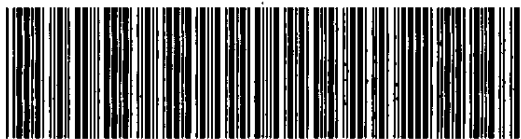
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100179959511

05/17/10--01013--010 **35.00

FILED

10 MAY 29 AM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

JUN -1 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2010

ROBERT STEVENSON
SOUTHEAST COLLISION EQUIPMENT L.L.C.
1470 NW LEONARDO CIRCLE
PORT ST. LUCIE, FL 34986

SUBJECT: SOUTHEAST COLLISION EQUIPMENT L.L.C.
Ref. Number: L06000102914

FILED
10 MAY 29 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SOUTHEAST COLLISION EQUIPMENT L.L.C. 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 completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 710A00012498

*PLEASE REFUND OVER PAYMENT
TO ADDRESS ABOVE*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH EAST Collision Equipment L.L.C.
(Name of Limited Liability Company)

FILED
10 MAY 29 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL 32301

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT STEVENSON
(Name of Person)

SOUTH EAST Collision Equipment L.L.C.
(Firm/Company)

1470 NW LEONARDO CIRCLE
(Address)

PORT ST. LUCIE, FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT STEVENSON at 772 822-9777
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing 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

FILED
10 MAY 29 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SOUTHEAST COLLISION EQUIPMENT L.L.C.

2. The Articles of Organization were filed on 10-23-06 and assigned document number 206000102914

3. The date the dissolution was approved: 12-31-09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I DONT HAVE THE BUSINESS VOLUME TO KEEP THIS BUSINESS
OPEN

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature
[Signature]

Printed Name

ROBERT STEVENSON