

LD6000110953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

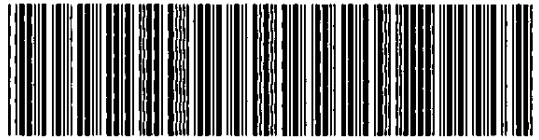
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/09--01023--018 **43.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 05 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & M Motorcycle Service 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:

Rita L. Odell
(Name of Person)
S & M Cycles
(Firm/Company)
4327 Smugglers Way
(Address)
Jacksonville, FL 32210
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rita Odell at (904) 923-8213
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2009

RITA ODELL
2430 BLANDING BLVD.
JACKSONVILLE, FL 32210

SUBJECT: S & M MOTORCYCLE SERVICE CENTER, LLC
Ref. Number: L06000110953

We have received your document for S & M MOTORCYCLE SERVICE CENTER, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 309A00022377

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

S i m motorcycle Service Center LLC.

2. The Articles of Organization were filed on 11-16-06 and assigned document number

20-5891038

3. The date the dissolution was approved: _____

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).

Unable to produce enough revenue.

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 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.

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TALLAHASSEE, FLORIDA

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

Signature

Printed Name

Rita L. Odell
Jason K. Odell

Rita L. Odell
Jason K. Odell