LD700003924

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(614), 61313.2, p. 1. 11315.1.)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
MAY 2 0 2010			
EXAMINER			

Office Use Only



600176991606

04/22/10--01019--003 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	on of Corporations	
SUBJECT:	Maximum Au	to Industry, LLC. imited Liability Company)
	(Name of L	imited Liability Company)
The enclosed A	rticles of Dissolution and fee(s) are su	bmitted for filing.
Please return al	I correspondence concerning this matte	er to the following:
	Jo	Del Ramirez (Name of Person)
		(Name of Person)
		(Firm/Company)
	5598 Whisp	Dering Willow WAY (Address)
	Fort Myers	FL 33908
	(Cit	y/State and Zip Code)
For further info	rmation concerning this matter, please	call:
	Joel RAMITEZ	at (305) 807~9580 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a che	eck for the following amount:	
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
-	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301



April 23, 2010

JOEL RAMIREZ 5598 WHISPERING WILLOW WAY FORT MYERS, FL 33908

SUBJECT: MAXIMUM AUTO INDUSTRY, LLC.

Ref. Number: L07000013924

We have received your document for MAXIMUM AUTO INDUSTRY, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 410A00010156

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is MAXIMUM Auto IA	odustry, LLC.
2. The Articles of Organization were filed on Z	and assigned document number
3. The date the dissolution was approved:	5 10
4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back c	ited liability company's dissolution pursuant to section over letter).
Business is closing.	
5. CHECK ONE:	
<u> </u>	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	outed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com- OR- Adequate provision has been made for the entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
11/6	Joel RAMMEZ
	TALE OF
•	
	طنهها الم
	STATE CORRECTION