

L070000 79077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

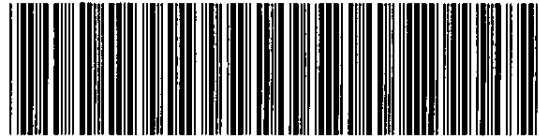
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2009 FEB 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

2-13-09

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APP WRECKER SERVICES 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:

ANIBAL PEREZ

(Name of Person)

MGR

(Firm/Company)

2543 SR 17

(Address)

HAINES CITY FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

ANIBAL PEREZ

(Name of Person)

at (863-) 242-8458

(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

January 29, 2009

ANIBAL PEREZ
APP WRECKER SERVICES LLC
2543 SR 17
HAINES CITY, FL 33844

SUBJECT: APP WRECKER SERVICES LLC
Ref. Number: L07000079077

We have received your document for APP WRECKER SERVICES 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 CORPORATIONS, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 109A00003279

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY.

FILED

2009 FEB 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
APP WRECKER SERVICES LLC

2. The Articles of Organization were filed on 08/01/07 and assigned document number
L07000079077

3. The date the dissolution was approved: 02/11/2009

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).

Closed

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.


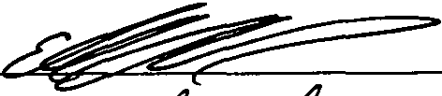

7. CHECK ONE:

- ☒ 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

Printed Name

PEREZ-PEREIRA, ANIBAL
PEREZ-LOPEZ, ELIANIBAL
PEREZ-LOPEZ, ANGEL A