

LO7000115445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

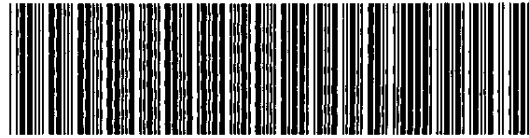
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 28 2011

EXAMINER



000209354820

06/27/11--01010--006 **25.00

FILED
11 JUN 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND RIDERS MOTORCYCLE SALES, STORAGE, AND TRANSFER 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:

STEPHEN J KRING
(Name of Person)

ISLAND RIDERS MOTORCYCLE SALES, STORAGE AND TRANSFER LLC
(Firm/Company)

420 PINE AVE PO 155
(Address)

APPA MARIA FL 34216-155
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN J KRING at (941) 778-1849
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

1. The name of a limited liability company is

ISLAND RIDERS MOTORCYCLE SALES, STORAGE, AND TRANSFER LLC

2. The Articles of Organization were filed on 11/16/2007 and assigned document number

107000115445

3. The date the dissolution was approved: 6/27/11

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).

ALL MEMBERS AGREED BY WRITTEN CONSENT TO DISSOLVE
THE LIMITED LIABILITY COMPANY PER 608.441
LINC C

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

Stephen J. Kring

Printed Name

STEPHEN J. KRING

FILED
JUN 27 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00