

**L08000077196**

\_\_\_\_\_  
(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



**800157231438**

06/29/09--01025--004 \*\*25.00

**FILED**  
2009 JUN 29 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**JUL 2 2009**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPECIAL NEEDS CAR RENTAL & TOURS 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:

SAMUEL C. ROFFE  
(Name of Person)  
SPECIAL NEED CAR RENTAL & TOURS LLC  
(Firm/Company)  
6835 RUE GRANVILLE  
(Address)  
MIAMI BEACH FL 33141  
(City/State and Zip Code)

OLD ADDRESS:  
1532 SE. ARENSON  
LN. Port St. Lucie  
FL 34952  
*MOVED  
lost  
property*

For further information concerning this matter, please call:

SAM C ROFFE at ( 786 ) 728-6700  
(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

2009 JUN 29 PM 12:41

1. The name of a limited liability company is

SPECIAL NEEDS CAR RENTAL & TOOLS LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on August 12, 2008 and assigned document number

L08000077196

3. The date the dissolution was approved: 6/20/09

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).

BUSINESS FAILED - NOT ENOUGH BACK-UP FUNDS TO  
STAY OPEN OR CONTINUE BUSINESS & BUSINESS INSURANCE FEES.  
BANKRUPT

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

Samuel C. Roffe

Printed Name

SAMUEL C. ROFFE

FILING FEE: \$25.00