LOBOM98857

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne) · '
(Do	cument Number)	· .u · ·
Certified Copies	Certificates	of Status
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SECRETARY OF STATE

D. BRUCE
SEP 10 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Custom Off Road Essertials, UC (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:			
Robbi Torres (Name of Person) Custon Offnad Essentials, UC (Firm/Company)			
9013 Gleragen WAY (Address) Week: WAGEL FL 34613 (City/State and Zip Code)			
For further information concerning this matter, please call: Compared to the following amount:			
\$25.00 Filing Fee Solution S			
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

July 14, 2009

BOBBI TORRES 9013 GLENARM WAY WEEKI WACHEE, FL 34613

SUBJECT: CUSTOM OFF ROAD ESSENTIALS, LLC

Ref. Number: L08000098857

We have received your document for CUSTOM OFF ROAD ESSENTIALS, 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):

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: 709A00024030

ARTICLES OF DISSOLUTION ' 'FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	ential, lie
2. The Articles of Organization were filed on 1020 200	
3. The date the dissolution was approved: 5 1 120	209
 A description of occurrence that resulted in the limited liability of 608.441, Florida Statutes, (copy 608.441 on back cover letter). 	ompany's dissolution pursuant to section
Partner not actively invo agreed to end partnership	y profits rued. Mutually o and business.
5. CHECK ONE: All debts, obligations and liabilities of the limited liabilit OR- Adequate provision has been made for the debts, obligati 6. All remaining property and assets have been distributed among it rights and interests.	ons and liabilities pursuant to s. 608.4421.
7. CHECK ONE:	
There are no suits pending against the company in any coordinate of the satisfaction of 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
Ba	Bobbi Torres
	SEP -9 PARY OF AHASSEE
	## 3 14
	PH 1:35 OF STATE FLORIDA
	· Am o