

L09000034261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

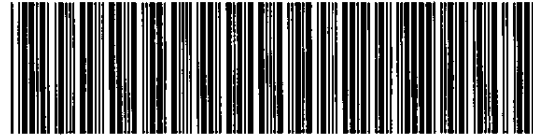
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Special Instructions to Filing Officer:

JUL 30 2014

ALBANY

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07/25/14--01025--003 \*\*25.00

FILED  
JUL 25 2014  
ALBANY, NY 12242

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JUL 25 2014  
ALBANY, NY 12242

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHUCKS REPAIR 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:

Charles M. Weddel  
(Name of Person)

CHUCKS REPAIR, INC.  
(Firm/Company)

5008 W. LINE BAYN AVE #35  
(Address)

TAMPA, FLORIDA 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles M. Weddel  
(Name of Person)

at ( 813 ) 961-2600  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
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

2014 JUL 25 PM 1:24  
REGISTRATION SECTION  
FILED

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

CHUCKS REPAIR LLC

2. The Articles of Organization were filed on April 08, 2009 and assigned

document number L09000034261

3. The delayed effective date the dissolution if not effective on the date of filing: 07/31/2014  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Conversion to an INC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Charles M. Weddel

5008 W. LINDBERGH AVENUE #35

TAMPA, FL

33624

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Charles M. Weddel

Signature

Charles M. Weddel

Printed Name

FILING FEE: \$25.00

FILED

2014 JUL 25 PM 1:24  
CLERK OF COURT  
HILLSBORO COUNTY  
FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: \_\_\_\_\_

Document number of Limited Liability Company is: \_\_\_\_\_

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2014 JUL 25 PM 1:24  
CLERK OF DISTRICT COURT  
JUL 25 2014

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

\_\_\_\_\_  
Printed Name of the Person Filing

\_\_\_\_\_  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**