

10/19/2017

11:38 SMITH, BIGMAN, BROCK

(FAX) 386-257-1834

P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SMITH, STOUT, BIGMAN & BROCK, P.A.
Account Number : 120050000189
Phone : (386) 254-6875
Fax Number : (386) 257-1834

LLC DISSOLUTION OR WITHDRAWAL
FULL OF GAS, LLC

Certificate of Status	0
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Page Count	02
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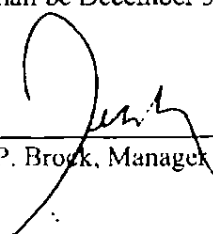
Y COUNCIL

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**ARTICLES OF DISSOLUTION
OF
FULL OF GAS, LLC**

The undersigned, being authorized by all of the members of FULL OF GAS, LLC, a limited liability company organized under the laws of the State of Florida, does hereby, for the purpose of compliance with the provisions of Section 605.0707, Florida Statutes, in relation to the dissolution of limited liability companies, make and attest these Articles of Dissolution and certifies as follows:

1. The name of the company is FULL OF GAS, LLC.
2. The Articles of Organization were filed on June 5, 2009, and assigned document number L09000054775.
3. All debts, obligations, and liabilities of the company have been paid or discharged.
4. No property remains for distribution to the members after applying it to the payment of the liabilities and obligations of the company.
5. There are no actions pending against the company in any court.
6. The members of the company unanimously elected to dissolve the company on October 19, 2017.
7. The effective date of the dissolution shall be December 31, 2017.



Jeffrey P. Brock, Manager

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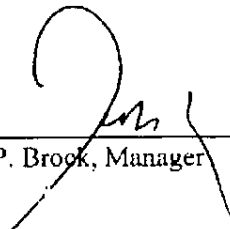
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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

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

1. The name of the company is FULL OF GAS, LLC.
2. The Document Number of the limited liability company is: L09000054775.
3. Effective date of dissolution is: December 31, 2017.
4. Description of information that must be included in a written claim:
 - a. Name and address of claimant.
 - b. Nature of claim.
 - c. Date claim incurred.
 - d. Amount claimed.
5. The mailing address where claims can be sent: P.O. Box 15200, Daytona Beach, FL 32115.
6. 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.

DATED: October 19, 2017.



Jeffrey P. Brock, Manager

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