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EGGETARY OF STATE

Office Use Only

## **COVER LETTER**

(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:  Mark Tompkins  (Name of Person)  (Firm/Company)  5152 Boggy Creek Rd A-30  (Address)  St Cloud Fl 34771  (City/State and Zip Code)  For further information concerning this matter, please call:  Mark Tompkins  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:    \$255.00 Filing Fee		ration Section on of Corporations			
Mark Tompkins  (Firm/Company)  5152 Boggy Creek Rd A-30  (Address)  St Cloud Fl 34771  (City/State and Zip Code)  For further information concerning this matter, please call:  Mark Tompkins  (Name of Person)  at (407) 608-3058  (Name of Person)  Enclosed is a check for the following amount:  St 255.00 Filing Fee  Certificate of Status  Certificate of Status  MAILING ADDRESS:  Registration Section  Registration Section					
Mark Tompkins  (Firm/Company)  5152 Boggy Creek Rd A-30  (Address)  St Cloud Fl 34771  (City/State and Zip Code)  For further information concerning this matter, please call:  Mark Tompkins  (Name of Person)  at (407) 608-3058  (Name of Person)  Enclosed is a check for the following amount:  St 255.00 Filing Fee  Certificate of Status  Certificate of Status  MAILING ADDRESS:  Registration Section  Registration Section					
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St Cloud FI 34771  (City/State and Zip Code)  For further information concerning this matter, please call:  Mark Tompkins  (Name of Person)  Enclosed is a check for the following amount:  Statistical of Status  Certificate of Status  MAILING ADDRESS: Registration Section  (City/State and Zip Code)  at 407 608-3058  (Area Code & Daytime Telephone Number)  Statistical of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			Firm/Company)		
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(Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  [Inclosed is a check	For further info	rmation concerning this matter, please	call:		
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\$25.00 Filing Fee    30.00 Filing Fee & Certificate of Status   S\$55.00 Filing Fee & Certificate of Status & Certificate of St		(Name of Person)	(Area Code & Daytime	Telephone Number)	
Certificate of Status  Certificate of Status  Certificate of Status & Certific	Enclosed is a che	ck for the following amount:			
Registration Section Registration Section	<b>√ \$</b> 25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy	
Division of Corporations Division of Corporations			Registration Sec	etion	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		P.O. Box 6327	Clifton Building		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FIL	ED	
10 SEP 20	PM	1:45
SECRETARY TALLAHASSEL	OF S	FAJE
	i, FL	ORIDA

The name of a limited liability company is     My Harley Mechanic LLC	TALLAHASSEE, FLORI		
2. The Articles of Organization were filed on August L09000074924	5, 2009 and assigned document number		
3. The date the dissolution was approved: 9/15/2005	5		
<ol> <li>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).</li> <li>Business never opened, no funding.</li> </ol>			
5. CHECK ONE:			
-OR-	hited liability company have been paid or discharged.  bts, obligations and liabilities pursuant to s. 608.4421.		
<b>–</b> · ·	ed among its members in accordance with their respective		
7. CHECK ONE:			
There are no suits pending against the compar-OR-Adequate provision has been made for the sat entered against it in any pending suit.	ny in any court.  isfaction of any judgment, order or decree which may be		
ignatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:		
Signature	Printed Name		
nf m/	Mark Tompkins		