

L 09000895629

(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

G. MCLEOD

EXAMINER



300215051413

12/16/11--01015--023 \*\*25.00

FILED  
11 DEC 16 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

DEC 19 2011

EXAMINER

# LAW OFFICE OF LISA A. SCHLITZKUS

A PROFESSIONAL ASSOCIATION

*Relentlessly Devoted to Our Clients...*

Lisa A. Schlitzkus, Esq.  
Anita Patel, Esq.

118 North Marion Avenue  
Lake City, Florida 32055  
Telephone: 386.438.5544  
Facsimile: 386.438.5860

December 8, 2011

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: Dissolution of Columbia Auto Repair, LLC**

Dear Sir or Madam:

Please find enclosed Articles of Dissolution for the above-referenced limited liability company along with the requisite cover letter. Please also find a check for \$ 25.00 for the filing fee. Thank you in advance for your attention to this matter.

Kind regards,



Anita Patel  
For the Firm

Enclosures: Cover Letter  
Articles of Dissolution for A Limited Liability Company

cc w/out encl.: to client

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Columbia Auto 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:

Anita Patel, Esq.

(Name of Person)

Law Office of Lisa A. Schlitzkus, P.A.

(Firm/Company)

118 North Marion Avenue

(Address)

Lake City, Florida 32055

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Patel

(Name of Person)

at ( 386 ) 438-5544

(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**

1. The name of a limited liability company is

Columbia Auto Repair LLC

2. The Articles of Organization were filed on October 5, 2009 and assigned document number L09000095629.

3. The date the dissolution was approved: December 1, 2011.

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).

Upon the consent of the only surviving member of the LLC

**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

Printed Name

Natalie Custer

Natalie Custer

FILED  
11 DEC 16 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA