

L10000009005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

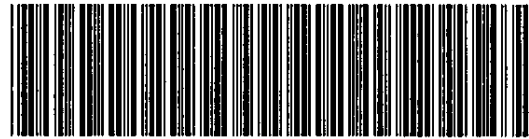
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/04/14--01014--005 **25.00

FILED
2014 APR -4 AM 11:56
CLERK OF STATE
TALLAHASSEE FL 32304

APR 07 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxwell Vehicle, 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:

Milton Fuentes, Esq.

(Name of Person)

M. FUENTES & CO.

(Firm/Company)

PO Box 43-1725

(Address)

Miami, FL 33243-1725

(City/State and Zip Code)

For further information concerning this matter, please call:

Milton Fuentes

(Name of Person)

305

at (

447-1960

(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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Maxwell Vehicle, LLC

2. The Articles of Organization were filed on 01/25/2010 and assigned

document number L10000009005

3. The delayed effective date the dissolution if not effective on the date of filing: n/a
(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).

Upon written consent of all of the members of the limited liability company, the

Maxwell Vehicle, LLC was voted/resolved to be dissolved.

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

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

Signature

*attorney in
fact for
Sarah Maxwell*

Milton Fuentes as attorney in fact

Printed Name

FILING FEE: \$25.00

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2014 APR -4 AM 11:35
CLERK OF STATE
TALLAHASSEE FLORIDA

Notice of Limited Liability Company Dissolution

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: Maxwell Vehicle, LLC

Document number of Limited Liability Company is: L10000009005

Date of dissolution was: 03-24-2011

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

Upon the written consent of all of the members of the limited liability company, the Maxwell Vehicle, LLC was voted/resolved to be dissolved; all debts, obligations, and liabilities of the limited liability company have been paid or discharged; the remaining property and assets have been distributed among its members in accordance with their respective rights and interests; and there are no suits pending against the limited liability company in any court

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

Maxwell Vehicle, LLC
c/o Family Network on Disabilities
2196 Main Street, Suite K
Dunedin, FL 34698

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2014 APR -4 AM 11:56
TALLAHASSEE FLORIDA
DIVISION OF STATE

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.

Milton Fuentes, attorney in fact
Printed Name of the Person Filing
for Sarah Maxwell

[Signature]
Signature of the Person Filing
as attorney in fact