

L10000026308

(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



000306306360

12/08/17--01013--023 \*\*25.00

FILED  
DEC - 8 AM 12:23  
SECURITY DIVISION  
TALLAHASSEE, FLORIDA

BF

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGB Automotive Holdings, 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:

Brian C. Behrens

(Name of Person)

Carmody MacDonald P.C.

(Firm/Company)

120 S. Central Ave., Suite 1800

(Address)

St. Louis, MO 63105

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian C. Behrens

(Name of Person)

at ( 314 ) 854-8600

(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

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

1. The name of a limited liability company is

SGB Automotive Holdings, LLC

2. The Articles of Organization were filed on 03/09/2010 and assigned

document number L10000026308

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The Consent of all of the Members of the Company.

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 and listed above to wind up the company's activities and affairs:



Signature

Scott Blind, Manager

Printed Name

**FILING FEE: \$25.00**

FILED  
17 DEC -8 AM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, 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: SGB Automotive Holdings, LLC

Document number of Limited Liability Company is: L10000026308

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

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

Must be in writing and include (i) the amount claimed, (ii) the basis for the claim,  
(iii) documentation for the claim, (iv) the name, address and telephone number of  
the claimant, and (v) the date(s) of the event(s) on which the claim is based occurred.

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

Carmody MacDonald P.C.

Attn: Brian C. Behrens

120 S. Central Ave., Suite 1800

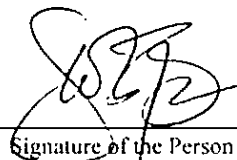
St. Louis, MO 63105

FILED  
DEC - 8 AM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Scott Blind, Manager

Printed Name of the Person Filing

  
Signature of the Person Filing