## L1000016308

| <u> </u>                                |  |  |  |  |
|---|--|--|--|--|
| (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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2017 DEC 1-3 PM 5: 57
SECRETARY OF STATE
ORIDA

K SALY DEC 1 4 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporation    | s                                 |                          |
|---|-----------------------------------|--------------------------|
| SUBJECT: SGB Automotive                             | Holdings, LLC                     |                          |
| SUBJECT:  | Name of Limited Liabilit          | y Company                |
| Dear Sir or Madam:                                  |                                   |                          |
| The enclosed Statement of Term                      | nination and fee(s) are submitte  | d for filing.            |
| Please return all correspondence                    | e concerning this matter to the f | following:               |
| Brian C. Behrens                                    |                                   |                          |
| Name of I   | Person                            |                          |
| Carmody MacDondald P.C.                             |                                   |                          |
| Firm/Corr   | ipany                             |                          |
| 120 S. Central Ave., Suite 18                       | 300                               |                          |
| Address   |                                   |                          |
| St. Louis, MO 63105                                 |                                   |                          |
| City/State and Zi                                   | ip Code                           |                          |
| bcb@carmodymacdonald.cc                             | om                                |                          |
| E-mail address: (to be used for                     | future annual report notification | on)                      |
| For further information concern                     | ing this matter, please call:     |                          |
| Brian C. Behrens                                    | at ( 314) _                       | 354-8600                 |
| Name of Person                                      | Area Code I                       | Daytime Telephone Number |
|   |                                   |                          |
| STREET/COURIER A                                    |                                   | G ADDRESS:               |
| Registration Section Division of Corporations       | Registratio                       | on Section  Corporations |
| Clifton Building                                    | P.O. Box (                        |                          |
| 2661 Executive Center C<br>Tallahassee, Florida 323 |                                   | e, Florida 32314         |
| CR2E141 (2/14)                                      |                                   |                          |

## STATEMENT OF TERMINATION

|   | (7), Florida Statutes, I hereby submit the following           |  |
|---|--|--|
| FIRST: The name of the lin                                    | nited liability company is: SGB Automotive Hold                | dings, LLC   |
| SECOND: The Florida Doc                                       | ument number of the limited liability company is:              | L10000026308   |
| THIRD: The date of filing o                                   | of the initial articles of organization is: 03/09/201          | 0  |
| FOURTH: The date of filin                                     | g of the dissolution is: 12 00 2017                            | ·  |
| FIFTH: This limited liabilit that it will file a statement of | y company has completed winding up its activities termination. | s and affairs and has determined   |
| Solfon .  | Scott Blind, Manager   | FILE 13 PM 5: 57 Z011 OEC 13 PM 5: 57 SEURETARY OF STATE TALLAHASSEE, FLORIC |
| Signature of Authorized Rep                                   | resentative Typed or printed name of sign                      | PILE IS PASSEE. FLO  |
|   | Filing Fee: \$25.00<br>Certified Copy: \$30.00 (optional)      | 5: 57<br>STATE<br>FLORIDA  |
| CR2E141 (2/14)  |  |  |