

# L 10000040824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

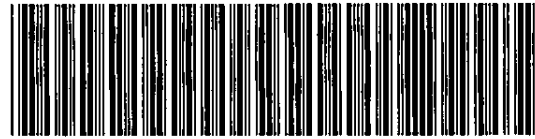
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/14/14--01035--008 \*\*25.00

FILED

2014 APR 14 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 15 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAS AUTO GROUP 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:

LARRY SMITH

(Name of Person)

SMITH SMITH & ASSOCIATES INC

(Firm/Company)

6314 WHISKEY CREEK DR SUITE-B

(Address)

FORT MYERS FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY SMITH

(Name of Person)

239

482-3573

at ( )

(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

FILED

2014 APR 14 PM 5:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

LAS AUTO GROUP LLC

2. The Articles of Organization were filed on 04/15/2010 and assigned

document number L10000040824

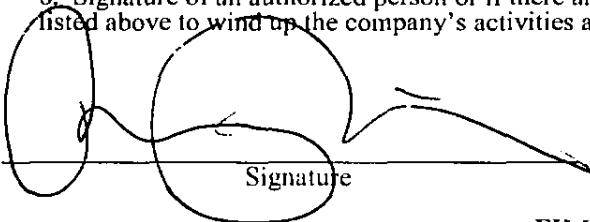
3. The delayed effective date the dissolution if not effective on the date of filing: FILING DATE  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

CLOSED OPERATIONS

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

ADRIANO PUCCI

Printed Name

FILING FEE: \$25.00