<u>L100000 59411</u>

(R	equestor's Name)	
(A	ddress)	
· (A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



900267871029

900267871029 12/31/14--01021--009 **25.00



COVER LETTER

TO; Registration Section Division of Corporations
SUBJECT: Center Ave Rental LLC (Name of Limited Liability Company)
(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:
Anthony W. Mozu (Name of Person)
(Name of Person)
(Firm/Company)
2510 Woodsmill Dr (Address)
(Address)
Melbourne, Fe 32934 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Anthony W. Mozo at (321) 242-3465 (Name of Person) (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	
Center Auc Rental, LLC	
2. The Articles of Organization were filed on June 3, 2010 and assigned	-
document number	
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014 (effective date cannot be prior to or more than 90 days later than date document is received for filing	<u>;)</u>
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	tion
Consent of all members	_
	-
	_
	_
5. If there are no members, enter the name and address of the person appointed to wind up the company' activities and affairs:	s _
•	-
	_
	_
6. Signature of an authorized person or if there are no members, the signature of the person appointed are listed above to wind up the company's activities and affairs:	id
AHAZ	1
Contran WMOZI Anthony W. Mozo 55 = 0	e parter.
Signature Printed Name	177
FILING FEE: \$25.00	U