

LIQUID 1944

(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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FILED
2015 APR 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 29 2015
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lithia Woodworks
(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:

Vernon Blackadar
(Name of Person)

Lithia Woodworks
(Firm/Company)

11451 Browning Rd
(Address)

Lithia FL 33547
(City/State and Zip Code)

For further information concerning this matter, please call:

Vernon Blackadar at (813) 689 2989
(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

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Lithia Woodworks

2. The Articles of Organization were filed on 11/26/2014 11:40:36 AM ET and assigned

document number 143300018757

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)

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).

Lack of business

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

Vernon Blackadar

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:

Vernon Blackadar
Signature

VERNON BLACKADAR
Printed Name

FILING FEE: \$25.00

2015 APR 20 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED