

L11000020371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

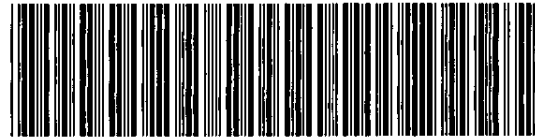
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200233024642

04/30/12--01028--013 **30.00

FILED
12 APR 30 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY -1 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAY AUTO COLLISION EXPERT, 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:

GOWKARRAN RAMNARINE

(Name of Person)

RAY AUTO COLLISION EXPERT, LLC

(Firm/Company)

320 STATE AVENUE

(Address)

HOLLY HILL, FL 32117

(City/State and Zip Code)

For further information concerning this matter, please call:

GOWKARRAN RAMNARINE

(Name of Person)

at (386) 566 8888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

12 APR 30 PM 3: 42

1. The name of a limited liability company is
RAY AUTO COLLISION EXPERT, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 02/02/2011 and assigned document number
L11000020371

3. The date the dissolution was approved: 02/28/12

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

written Consent

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Gowkarran Ramnarine

GOWKARRAN RAMNARINE