

**L11000053840**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

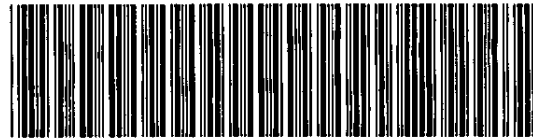
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



**800292865828**

12/05/16--01014---006 \*\*25.00

DEC 06 2016  
**S. YOUNG**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -5 PM 4:48

December 1, 2016

**COVER LETTER**

Adelson Martinez  
520 Marklen Loop  
Polk City, Florida 33868

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Dissolve Business Known as OTTOS AUTO REPAIR SHOP LLC  
Document No. L11000053840

Dear Department of State;

I am requesting that the business known as OTTOS AUTO REPAIR SHOP LLC be dissolved.

My wife, Smirna Martinez yesterday called the phone number 850-245-6051 and had an examiner explain to her how and what sections of the articles of dissolution needed to be filled out. The examiner said to do the following:

RE: Cover letter:

Put down address in which you want all future correspondence to go to.  
Just send in the \$25.00 Filing Fee and Certificate of Dissolution.

RE: Articles of Dissolution for a limited Liability Company:

No. 3 – Leave blank.

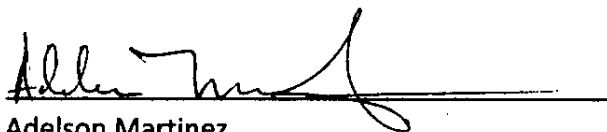
No. 4 - Going out of Business.

No. 5 – Leave blank.

Not necessary to send in Notice of Limited Liability Company Dissolution.

I hope everything is filled out satisfactorily. Enclosing Check No. 2052 in the amount of \$25.00. You may contact me at home phone number 863-984-2812. Please leave message and I will get back to you.

Respectfully,



Adelson Martinez

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OTTOS AUTO REPAIR SHOP 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:

Adelson Martinez  
(Name of Person)

Otto's Auto Repair Shop LLC  
(Firm/Company)

520 Marklen Loop  
(Address)

Polk City, Florida 33868  
(City/State and Zip Code)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Smirna Martinez (Wife) at (863) 984-2812 (Leave Message)  
(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

OTTO'S AUTO REPAIR SHOP LLC

2. The Articles of Organization were filed on 5/6/2011 and assigned

document number L 11 000053840

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Going out of business.

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

Smirna Martinez (Wife)

520 Marklen Loop

Polk City, FL 33868

863-984-2812 (Leave message)

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:

Adel  
Signature

Adelson Martinez  
Printed Name

**FILING FEE: \$25.00**

Florida Department of State

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

**Detail by Entity Name**Florida Limited Liability Company  
OTTOS AUTO REPAIR SHOP LLC**Filing Information**

**Document Number** L11000053840  
**FEI/EIN Number** 45-1990018  
**Date Filed** 05/06/2011  
**Effective Date** 06/01/2011  
**State** FL  
**Status** ACTIVE

**Principal Address**

1890 US HWY 17-92  
UNIT 5  
LAKE ALFRED, FL 33850

Changed: 06/11/2014

**Mailing Address**

520 Marklen Loop  
POLK CITY, FL 33868

Changed: 01/15/2015

**Registered Agent Name & Address**

MARTINEZ, ADELSON  
520 MARKLEN LOOP  
POLK CITY, FL 33868

**Authorized Person(s) Detail****Name & Address**

Title MGRM

MARTINEZ, ADELSON  
1890 US HWY 17-92  
UNIT 5  
LAKE ALFRED, FL 33850

**Annual Reports**

Report Year	Filed Date
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2014	01/16/2014
2015	01/15/2015
2016	01/06/2016

**Document Images**

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Florida Department of State, Division of Corporations

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