# #1.11000060987

(Re	equestor's Name)	
(Ac	ddress)	
(A(	ddress)	
(Ci	ity/State/Zip/Phone	e #)
		MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



03/18/15--01005--001 \*\*25.00

FILED 2015 MAR 18 PH 3: 42

k. Saly Examiner APR 1 0 2015

### **COVER LETTER**

TO:	Registration Section Division of Corporations

SUBJECT:	Bos: - Gentile	group 11C	DBA	Simmics	Towing and	R-con
	(Name of Limited Liability Company)					

s.

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Indrew Gentile.

(Firm/Company)

1467 Indiana auc. (Address)

(Address) PalM har 6ar FL 34683 (City/State and Zib Code)

For further information concerning this matter, please call:

(Name of Person) at (727) 400-5677 (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 $20/5_{MAD}$
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is Bos: - gentile gloup 11C. The manager of the start of the s
2. The Articles of Organization were filed on $5/24/2011$ and assigned document number $\frac{#L11000060987}{}$
3. The delayed effective date the dissolution if not effective on the date of 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). <u>MY Name Was put on this document inegally</u> <u>Without My purission and I WANT My Name</u> <u>Removed From Sunbiz. I am Not aport of</u> <u>the Nomed Lice above.</u>
TW NOMLON ULC A BUVC   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:

FILING FEE: \$25.00

# Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

FILED 2015 MAR 18 PM 3:42 **NOTE: This page is optional** This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: BUS: - Gentile group HC.
Document number of Limited Liability Company is:
Date of dissolution was: Oct 10 Zo14.

Description of information that must be included in a written claim:

My Name Was added on Suntiz as an active Member inegally to Save Money on Workmans COMP. I like my name removed immediately as Woord part in this company. I Was Just Nave NO l Ploy EM M

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1467 Indiana ave. parm Norber FL 34683

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Indrew Gentice

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00