

L11000079306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

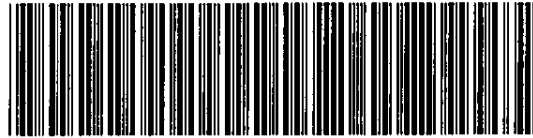
Special Instructions to Filing Officer:

A. LUNT

FEB 22 2011

EXAMINER

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FILED
2012 FEB 17 PM 5:56
SECURITY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fully Involved Auto Detailing
(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:

Gina Anne Burnett
(Name of Person)

Fully Involved Auto Detailing
(Firm/Company)

843 NewZealand Ave NW
(Address)

Palm Bay / Florida 32907
(City/State and Zip Code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gina Anne Burnett at 321 848-4352
(Name of Person) (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
2012 FEB 17 PM 5:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Fully Involved Auto Detailing

2. The Articles of Organization were filed on **16 February 2012** and assigned document number
L11000079306

3. The date the dissolution was approved: **18 February 2012**

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).

Medical - can no longer perform job function.

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

Gina Anne Burnett

Printed Name

Gina Anne Burnett

FILING FEE: \$25.00