

L12000039232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

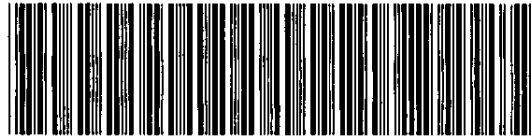
(Business Entity Name)

(Document Number)

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

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2014 FEB -5 PM 12:48  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FULL AUTO ARMORY, 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:

Joseph H. Avery

(Name of Person)

(Firm/Company)

1501 Ridgewood Street

(Address)

Deland, FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Avery

(Name of Person)

at ( 386 ) 804-5081

(Area Code & Daytime Telephone Number)

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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  
FULL AUTO ARMORY, LLC
2. The Articles of Organization were filed on 03/21/2012 and assigned  
document number L12000039232
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).

Lack of any Business activity, change in business plan.

\_\_\_\_\_

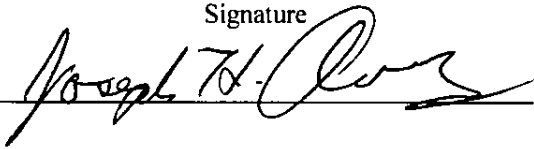
\_\_\_\_\_

\_\_\_\_\_

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

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:

Signature



Printed Name

Joseph H. Avery

**FILING FEE: \$25.00**

CK# 1609

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