

L12000101815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FILING SECTION

2014 MAR -3 PM 2:39

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MAR - 4 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TK AUTOREPAIR 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:

AMBER TYLER

(Name of Person)

TK AUTOREPAIR LLC

(Firm/Company)

1046 SHADICK DR UNIT 6

(Address)

ORANGE CITY FL 32763

(City/State and Zip Code)

RECEIVED
MAR 3 2014
DIVISION OF CORPORATIONS

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For further information concerning this matter, please call:

STEPHIE KOLATA

(Name of Person)

at (386) 456 7794

(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

TK AUTO REPAIR LLC

2. The Articles of Organization were filed on AUGUST 08 2012 and assigned
document number L12000101815

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).

AMBER TYLER HAS BEEN AND ONGOING TREATMENT FOR CANCER.

THIS CANCER IS STAGE FOUR CANCER AND WILL TAKE UP MOST OF THIS YEAR FOR TREATMENTS

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

STEPHIE KOLATA

517 ANTELOPE DR

DELTONA FL 32725

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

STEPHANIE KOLATA

STEPHANIE KOLATA

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE