# L12000 127 032

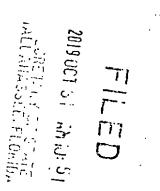
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: CARIPART, 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:

Francis M. Boyer
(Name of Person)
Boyer Law Firm, P.L.
(Firm/Company)
9471 Baymeadows Rd
(Address)
Jacksonville, FL 32256

For further information concerning this matter, please call:

Francis M. Boyer at (904) 236-5317 (Area Code & Daytime Telephone Number)

(City/State and Zip Code)

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

. The name of a limited liab CARIPART, LLC	lity company is	<del></del>		
. The Articles of Organization	on were filed on		_ and assigned	
document number L12000	127032			
Note: If the date inserted in	the dissolution if not effect e date cannot be prior to or more this block does not meet the a etive date on the Department o	pplicable statutory filing r	document is received for fitting)	t be
A description of occurrenc 605.0707. Florida Statutes,	e that resulted in the limited (copy 605.0707 on back co	d liability company's di	ssolution pursuant to secti	on
End of business activity in the	U.S. All assets have been sol	d and distributed to memb	pers	
If there are no members, er activities and affairs:	iter the name and address o	f the person appointed t	to wind up the company's	
Signature of an authorized sted above to wind up the co	mpany's activities and affa	irs: Francis M. Boyer		
Signature	· ·	Printed	Name	
1 /	FILING FE	E: \$25.00		

### Notice of Limited Liability Company Dissolution

#### 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: CARIPART, LLC
Document number of Limited Liability Company is: L12000127032
Date of dissolution was: 9/20/2019
Description of information that must be included in a written claim:
<del></del>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Care of Boyer Law Firm, P.L.
9471 Baymeadows rd Suite 406
Jacksonville, FL 32256
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.
Frinted Name of the Person Filing  Printed Name of the Person Filing
Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00