

L12000 127 032

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
2019 OCT 31 AM 10:51  
TALLAHASSEE, FLORIDA

Y. SUMNER

NOV 26 2019

## 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

(City/State and Zip Code)

For further information concerning this matter, please call:

Francis M. Boyer

(Name of Person)

at ( 904 ) 236-5317

(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

CARIPART, LLC

2. The Articles of Organization were filed on 10/04/2012 and assigned

document number L12000127032

3. The delayed effective date the dissolution if not effective on the date of filing: 9/20/2019  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

End of business activity in the U.S. All assets have been sold and distributed to members

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

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

Francis M. Boyer

Printed Name

**FILING FEE: \$25.00**

2019 OCT 31 AM 11:02  
FILED  
CLERK OF THE  
COURT  
JACKSONVILLE  
FLORIDA

## 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:

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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

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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.

F. Boyer

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

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