## L12000130120

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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FILEU 81 007 20 PM 2: 35

## **COVER LETTER**

то:	Registration Section Division of Corporations							
SUBJE	Bad Girl Motorsports LLC							
ЗОВЗЕ	(Name of Limited	Liability Compa	ny)					
The enc	closed Articles of Dissolution and fee(s) are submitted	for filing.						
Please r	return all correspondence concerning this matter to the	following:						
	Gregory S Edwards							
(Name of Person)								
	Bad Girl Motorsports LLC							
	(Firm/Company)							
	7898 Floral Dr.							
	(Ad	ldress)						
	Weeki Wachee, FL 34607							
(City/State and Zip Code)								
For furt	ther information concerning this matter, please call:							
	Gregory S Edwards	727	514-8853					
	(Name of Person)		ode & Daytime Telephone Number)					
Enclose	d is a check for the following amount:							
<b>✓</b> \$25.00 Filing Fee and Certificate of Dissolution		\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)						
MAILING ADDRESS:			EET/COURIER ADDRESS:					
Registration Section		Registration Section						
	Division of Corporations P.O. Box 6327		sion of Corporations on Building					
	Tallahassee, FL 32314		Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FILEU FOR A LIMITED LIABILITY COMPANY 2914 OCT 20 PM 2: 35

FILED

1,	The name of a limited liabi	• • •		SEURLIANO UF STATE TALLANASSFE, FLORIDA		
2.	The Articles of Organization	on were filed on 10-15	-2012	and assigned		
	document number L1200	0130720				
3.	3. The delayed effective date the dissolution if not effective on the date of filing:					
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the lin (copy 605.0707 on back	nited liability compan k cover letter).	y's dissolution pursuant to section		
	Lack of vendor availab		·			
5.	If there are no members, en activities and affairs:	ter the name and addres Gregory S Edward	•	inted to wind up the company's		
7898 Floral Dr.						
		Weeki Wachee, FI				
		34607				
6. lis	Signature of an authorized ted above to wind up the co	person or if there are no mpany's activities and a	o members, the signat affairs:	ure of the person appointed and		
4	regory & Edwa	ud)	Gregory S Edv	vards		
	Signature	····	P	rinted Name		

**FILING FEE: \$25.00**