

#L12000137019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 JAN 23 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

JAN 28 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRIVER'S SOLUTIONS, 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:

MARYANNE TAYLOR  
(Name of Person)

DRIVER'S SOLUTIONS, LLC  
(Firm/Company)

382 Celery Circle  
(Address)

Oviedo, FL 32765  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARYANNE TAYLOR at ( 270 ) 723-4323  
(Name of Person) (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**

**FILED**  
2014 JAN 23 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

DRIVER'S SOLUTIONS, LLC

2. The Articles of Organization were filed on 10-29-12 and assigned  
document number L12000137019

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).

NO Sales OR growth AFTER 9 months of Advertising  
ON Internet + Newspaper. NO Income coming  
IN to maintain phones + Advertising.

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

MARYANNE TAYLOR  
382 CELERY CIRCLE  
OVIDO, FL 32765

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

Maryanne Taylor

MARYANNE TAYLOR

**FILING FEE: \$25.00**