

L130000002698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

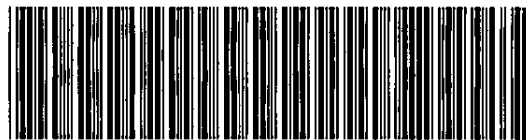
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/31/14--01014--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 31 PM 3:53

APR - 3 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEVO MOTORCYCLE SERVICE 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:

ROBERT COULMAN

(Name of Person)

FLEVO MOTORCYCLE SERVICE LLC

(Firm/Company)

500 SHADOW LAKES BLVD APT 11

(Address)

ORMOND BEACH FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT COULMAN

(Name of Person)

407

952 3276

at ()

(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:

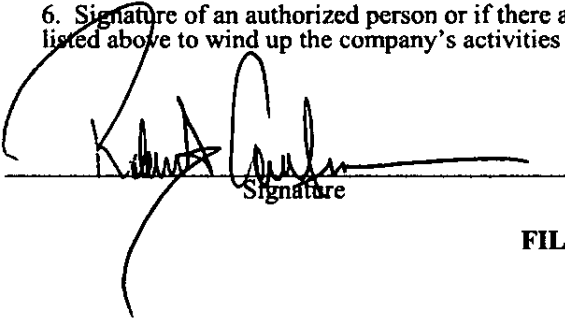
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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
FLEVO MOTORCYCLE SERVICE LLC
2. The Articles of Organization were filed on JANUARY 7 2013 and assigned
document number L 13000002698
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
I DIDN'T HAVE A GOOD LOCATION, WAS EMPLOYED FULL TIME, AND HAD
TOO MANY OTHER OBLIGATIONS THAT DIDN'T ALLOW ME TO GET STARTED
UP.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: ROBERT COULMAN
101 TIERRA CIRCLE
ORMOND BEACH, FL
32174
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

ROBERT COULMAN

Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 31 PM 3:53