

L130000012259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

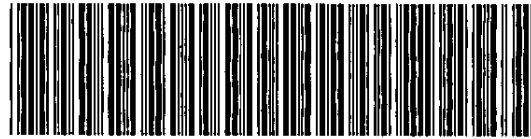
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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B. BOSTICK

APR 29 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHASING BUGS GARAGE & RESTORATIONS, 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:

SPENCER E. DEL CAMPILLO
(Name of Person)
(Firm/Company)
951 ARMSTRONG BLVD. SUITE A
(Address)
KISSIMMEE, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

SPENCER E. DEL CAMPILLO at (321) 402-9410
(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)

2011 OCT 21 PM 12:37
2011 OCT 21 PM 12:37

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
CHASING BUGS GARAGE & RESTORATIONS, LLC

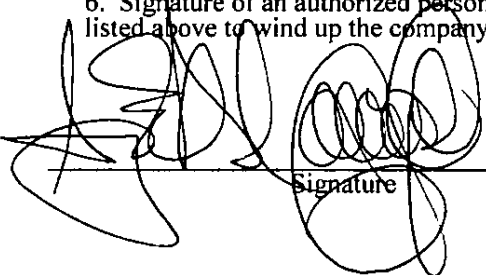
2. The Articles of Organization were filed on FEBRUARY 1, 2013 and assigned
document number L13000012259

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).
NO BUSINESS

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

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

SPENCER E. DEL CAMPILLO

Printed Name

FILING FEE: \$25.00

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