(Re	questor's Name)	. <u>-</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

Division of Corporations		
SUBJECT: Seper Clean Activative Services LLC (Name of Limited Liability Company)		
(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:		
William R Glenn (Name of Person)		
(Name of Person)		
(Firm/Company)		
1109 West Thorpe St (Address) Tallahassee, FL, 32303 (City/State and Zip Code)		
(Address)		
Tallahassee, FL, 32303		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
William R. Glenn at (MU) 334-763 G (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Ferson) (Nea code & Daytine Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

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

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 Super Cilcon Automotive Servey Life
2.	The Articles of Organization were filed on $02/04/2013$ and assigned
	document number <u>U300 00 1753</u>
3.	The delayed effective date the dissolution if not effective on the date of filing: 04-26-16 (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).
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5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	<u>्र</u> र,
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Signature Wilkem C. College Printed Name

FILING FEE: \$25.00