

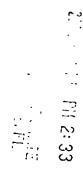
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiless Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

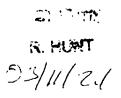
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DISSOL	UTION of Florida LLC			
DOCUMENT NUM	MBER: L13000061264			
The enclosed Notice	e of Limited Liability C	Company Dissolution and	fee are submitte	d for filing.
Please return all cor	respondence concerning	this matter to the following	ng:	
Donald E. Smith				
	(Name of C	Contact Person)		
VELOCITY ACCIDEN	IT RECONSTRUCIONLLC			
(Firm/Company)				
6968 TALON BAY DR	x .			
	(Ad	ldress)	:	·
NORTH PORT FL 34287				T0 11
	(City/Stat	e and Zip Code)		Z: 33
For further informat	tion concerning this matt	ter, please call:		
Donald E. Smith		at (²⁶⁹) ³²⁴⁻³	3800	
(Name of	Contact Person)		Daytime Telepho	one Number)
Enclosed is a check	for the following amour	nt:		
☑\$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	_	tatus & Certified
Mailing Address Registration Sect	Street Addres Registration S	_		

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Velocity Accident Reconst	ruction LLC
Document number of Limited Liability Company is:	1264
Date of dissolution was:	-
Description of information that must be included in a written of	elaim:
Retire of owner (Donald E. Smith) with no other employees.	·*
	· <u>:</u> :::::::::::::::::::::::::::::::::
Mailing address where claims can be sent: (Claims cannot be s	sent to the Division of Corporations)
A claim against the above named limited liability company wi commenced within 4 years after the filing of this notice.	
Donald E. Smith	Dall & Sity
Printed Name of the Person Filing	Signature of the Person Filing