

L13 0000 63777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

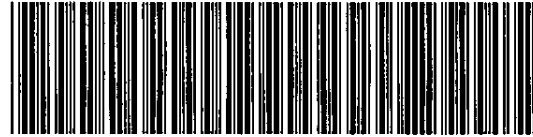
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/14--01028--011 **25.00

2014 MAY -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 12 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Wheel Source, 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:

Cindy Tavaréz

(Name of Person)

(Firm/Company)

203 Villa Di Este

(Address)

Lake Mary, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Kellie E. Tomeo, Esq.

(Name of Person)

407

629-2484

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -5 AM 10:59

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Wheel Source, LLC

2. The Articles of Organization were filed on 4/30/13 and assigned

document number L13000063777

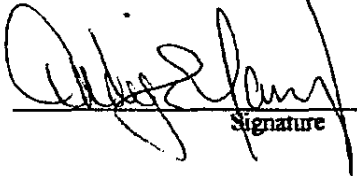
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Medical issues

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

Cindy Tavaréz

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -5 PM 10:58

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: The Wheel Source, LLC

Document number of Limited Liability Company is: L13000063777

Date of dissolution was: _____

Description of information that must be included in a written claim:

Proof of claim, inventory receipts, signed notes, signed contracts, details of nature
and amounts of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Ossinsky & Cathcart, P.A.

ATTN: Kellie E. Tomeo, Esq.

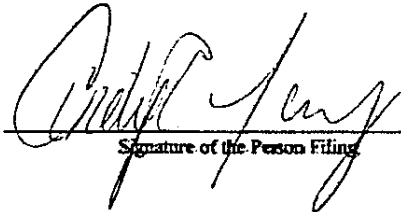
2699 Lee Road, Suite 101

Winter Park, FL 32789

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Cindy Tavarez

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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TALLAHASSEE, FLORIDA