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ECCRETARY OF STATE

ALLAHASSEE, FLORIDAG

NOV 0 2015

S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

## **#1 USA AUTO MARKET LLC**

SUBJECT:

(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:

ELVIRA OZBORN		
(Name o	of Person)	
(Firm/C	Company)	
13088 ZARBIS DR		
(Ad	dress)	
SPRING HILL FL 34	1609	
(City/State a	and Zip Code)	
For further information concerning this matter, please call:	NOV -	
<b>ELVIRA OZBORN</b>	352 796-5001 ASSECTION TO THE PARTY OF THE P	
(Name of Person)	(Area Code & Daytime Telephone Number)?	
Enclosed is a check for the following amount:	at (	
\$25.00 Filing Fee and Certificate of Dissolution	☐ S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS	erneer/Counted Annees.	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is #1 USA AUTO MARKET LLC
2.	The Articles of Organization were filed on 07/23/2013 and assigned
	document number L13000104370
3.	The delayed effective date the dissolution if not effective on the date of filing: 10/31/2015  (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).
	THE LLC IS NO LONGER DOING 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:
	THE PRICE OF STATE SEE, LORIDA
6. his	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:
_	ELVIRA OZBORN
$\subset$	Signature Printed Name
	FILING FEE: \$25.00