113000108627

(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



500262663585

07/28/14--01031--018 **25.00

NI WHASSEE ELOPINA
SECRETARY OF STATE

JUL 2 9 2014

T. BROWN

COVER LETTER

Division of Corporations	
SUBJECT: MARTIN SPORTS CA	BR CLUB LL C 1 Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	ne following:
BEN C.7	URNER e of Person)
(Name	of Person)
MARTIN SPORTS C	(Company)
	ddress)
DEZTONA F	,
(City/State	and Zip Code)
For further information concerning this matter, please call:	
BEN C. TURNER (Name of Person)	at (386)
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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

				14,5°C 4	12 S
1.	The name of a limited liability	company is		15%	6 ×
	MARTIN S	SPORTS CAR CO	UB LLC	75/7	
2.	The Articles of Organization	were filed on	Ly 31, 2013	and assigned	CONTRACTOR OF THE STATE OF THE
	document number <u>L130</u>	00/08627	-		*4
3.	The delayed effective date the (effective date)	e dissolution if not effecte cannot be prior to or more	tive on the date of filing than 90 days later than date of	; locument is received f	or filing)
4.	A description of occurrence the 605.0707, Florida Statutes, (co	nat resulted in the limite opy 605.0707 on back co	ed liability company's di over letter).	ssolution pursuan	t to section
	WE HAVE REDR	CORPORATI	ON		
5.	If there are no members, enter activities and affairs:	the name and address of	of the person appointed t	to wind up the con	npany's
	-				
	-				
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are no many's activities and affa	nembers, the signature of	the person appoir	nted and
	Ben & Turn Signature	·	Ben C. Printed	TURNER	
	Signature		Printed	Name	

FILING FEE: \$25.00