# L14000010884

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORID

PR 17 PM 5: 53

4PR 28 2015 J. HARRIS

## **COVER LETTER**

Division of Corporations
SUBJECT: M+S Auto Center 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:
Share Lancre (Name of Person)
(Firm/Company)
13241 Krnscs Ave
1324   Krnscs Ave (Address) Astatula FL 34705
(City/State and Zip Code)
For further information concerning this matter, please call:
Share Larous at (352) 602 6804  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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:**

TO:

Registration Section

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

1. The name of a limited liability com  M + S Auto Cente	•		
. The Articles of Organization were		014 and assign	ed
document number L140 00	0 10824		
The delayed effective date the disso (effective date can	olution if not effective on the date not be prior to or more than 90 days later	of filing: NIPA	
I. A description of occurrence that real 605.0707, Florida Statutes, (copy 60) Went out of Bu	05.0707 on back cover letter).		
5. If there are no members, enter the activities and affairs:	name and address of the person ap	pointed to wind up t	he company's
6. Signature of an authorized person of the company's	or if there are no members, the sig s activities and affairs:	nature of the person	appointed and
An	Shant	Lanoue	
Signature	FILING FEE: \$25.00	Printed Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
			1 5: 53