

L14000020165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

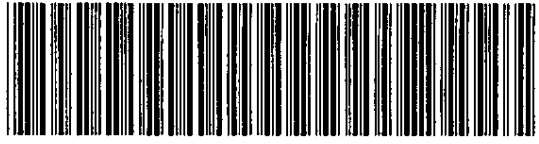
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/14--01005--017 **25.00

FILED
14 FEB 20 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 21 2014
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO SELLERS 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:

FEDERICO J. HOLGUIN SABA

(Name of Person)

AUTO SELLERS LLC

(Firm/Company)

624 SEA PINE WAY. APT G2

(Address)

GREENACRES, FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

FEDERICO J. HOLGUIN at (561) 506-9654

(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:
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**

FILED
14 FEB 20 PH 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
AUTO SELLERS, LLC
2. The Articles of Organization were filed on FEBRUARY 5, 2014 and assigned
document number L14000020165
3. The delayed effective date the dissolution if not effective on the date of 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).

Not going to make any economic activity.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: FEDERICO J. HOLGUIN SABA
- _____
- _____
- _____

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



Printed Name

FEDERICO J. HOLGUIN SABA

FILING FEE: \$25.00