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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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MAR 11 2016 J SHIVERS

COVER LETTER

TO:

Registration Section
Division of Corporations

SANTO SUAREZ AUTO SALES 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:

MAYDA BARQUIN (Name of Person)				
(Firm/Company)				
21105 SW 213 AVE RD				
(Address)				
MIAMI, FLORIDA, 33187				
(City/State and Zip Code)				

For further information concerning this matter, please call:

MAYDA BARQUIN

_, 305

398-4543

(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

. The name of a limited lial	oility company is		
SANTA SUAREZ AUTO S	ALES LLC		
The Articles of Organizat	ion were filed on $\frac{06/12/2}{1}$	2014	and assigned
document number L14000	0094634		
	n this block does not meet t	the applicable statutory	f filing: 01/31/2016 an date document is received for filing) filing requirements, this date will not b
A description of occurren 605.0707, Florida Statutes	ce that resulted in the ling, (copy 605.0707 on bac	nited liability compar k cover letter).	ny's dissolution pursuant to section
LLC IS NO LONGER DOIN	• • • •	•	
If there are no members, e	enter the name and addre	ss of the person appo	inted to wind up the company's
			TALS
			16 H
•			AR /
			0 X
. Signature of an authorized sted above to wind up the c	d person or if there are no ompany's activities and	o members, the signate affairs:	ture of the person appointed and
Clayde K	Becopera".	MAYDA BARQU	IIN
Signature		P	Printed Name

FILING FEE: \$25.00