

L 14000170455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

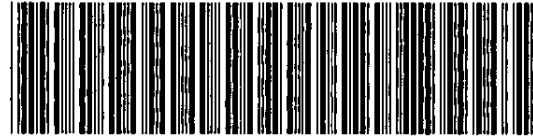
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT 31 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Burch NOV 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUTO CIRCUIT LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY HOO

Name of Person

AUTO CIRCUIT LLC

Firm/Company

261 SW 192ND TER

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

autocircuitinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY HOO

Name of Person

at (954)

Area Code

800-0313

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

Shereka D Smith
261 SW 192ND Ter
Pembroke Pines, FL 33029
954-800-5337

24 October 2014

FL Dept. of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

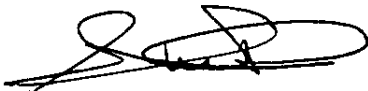
TO WHOM IT MAY CONCERN:

RE: Admin Dissolution for Auto Circuit Inc (Document # P13000011290)

As the Chief Operating Officer of the above mentioned organization, I hereby inform you that the organization will not seek to renew its name "AUTO CIRCUIT INC".

Neither I nor the Registered Agent and Chief Operating Officer (Mr. Anthony Hoo) want to renew the business as "Auto Circuit Inc." The State of Florida is free to release the name. If any questions or concerns arise, I may be reached at the address and/or telephone number listed above.

Thank you,

A handwritten signature in black ink, appearing to be 'Shereka D Smith', written over a horizontal line.

Shereka D Smith
Chief Operating Officer

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AUTO CIRCUIT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

261 SW 192ND TER
PEMBROKE PINES, FL 33029

261 SW 192ND TER
PEMBROKE PINES, FL 33029

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANTHONY HOO

Name

261 SW 192ND TER

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES

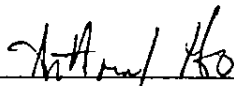
City

FL 33029

Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

A S HOO

261 SW 192ND TER

PEMBROKE PINES, FL 33029

MGR

S D SMITH

261 SW 192ND TER

PEMBROKE PINES, FL 33029

(Use attachment if necessary)

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SECRETARY OF STATE

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Anthony Hoo

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ANTHONY HOO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)