

L14000172862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

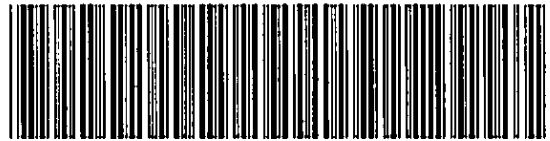
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/13/20 10:06:11 AM #25.00

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SECRETARY OF STATE  
20 AUG 13 AM 11:12  
ALBANY, NEW YORK

*Dissolution*

OCT 9 2020

RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carmin's Auto Repair 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:

Michelle Fusco  
(Name of Person)

Carmin's Auto Repair  
(Firm/Company)

6299 Sunday Rd  
(Address)

Spring Hill FL 34608  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
TALLAHASSEE, FL  
20 AUG 13 10:11:12  
CLERK OF STATE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Carmine's Auto Repair LLC

2. The Articles of Organization were filed on 11/06/2014 and assigned  
document number L14000172862

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Closed Business

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

Michelle Fusco

6295 Sunday Rd

Spring Hill FL 34608

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:

Michelle Fusco

Signature

Michelle Fusco

Printed Name

**FILING FEE: \$25.00**

FILED  
DEPT. OF STATE  
CORPORATION  
2014 NOV 13 AM 11:19