

L15000110144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

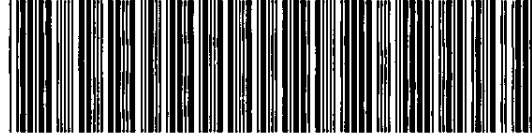
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
16 JAN 11 PM 4:33

JAN 11 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2015

ALEJANDRO C DIAZ
1830 SW 4TH STREET APT 3
MIAMI, FL 33135

SUBJECT: DADE COUNTY AUTO COLLISION BODY SHOP LLC
Ref. Number: L15000110144

We have received your document for DADE COUNTY AUTO COLLISION BODY SHOP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 015A00027070

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DADE COUNTY AUTO COLLISION BODY SHOP 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:

ALEJANDRO C DIAZ
(Name of Person)
DADE COUNTY AUTO COLLISION BODY SHOP LLC
(Firm/Company)
1830 SW 4TH ST APT # 3
(Address)
MIAMI, FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO C DIAZ at (305) 925-3602
(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**

1. The name of a limited liability company is
DADE COUNTY AUTO COLLISION BODY SHOP LLC
2. The Articles of Organization were filed on 06/24/2015 and assigned
document number L1500011010144
3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/2015
(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).

NOT OPEN FOR BUSINESS


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STATE OF FLORIDA
DEPARTMENT OF STATE

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

1830 SW 4TH ST APT 3

MIAMI, FL 33135

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

ALEJANDRO C DIAZ

Printed Name

FILING FEE: \$25.00