1500012	1712
(Requestor's Name) (Address)	200315856622
(City/State/Zip/Phone #)	07/19/1801021030 **35.00
Certified Copies	FILED 18 AUG - 8 AM 7: 10 SECRETARY OF STATE MALLAHASSEE, FLORIDA

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August 6, 2018

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Ms. Octavia L. Simmons Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: D&B AUTO SALES AND REPAIR LLC

REF. NUMBER: L15000121712

Dear Ms. Simmons.

I have enclosed the proper form for an LLC Dissolution for a Limited Liability Company.

I sent in a check for \$35 for a Corporation and now realize the filing fee is \$25. I am requesting a fund of \$10.

Thank you and if you have any questions, please call me at 954-829-6835.

Sincerely. Barbara Admitt Complete

Barbara Schmidt Campbell Enclosure

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: D+B Auto Sales And Repair LLC (Name of Limited Liability Company)		
(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:		
BARBARA SCHMIDT CAMPBELL (Name of Person)		
(Name of Person)		
(Firm/Company)		
469 N. Pine Island ROAD # B-307 (Address)		
PLANTATION, FL 33324 (City/State and Zip Code)		

For further information concerning this matter, please call:

Barbara Schmidt Campbell at (954), 829-6835 (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		
D-B Auto	o Salis AND Repa	air LLC
2. The Articles of Organization	were filed on <u>7-15-201</u>	15 and assigned
document number <u>L15</u> C	100/217/2	
effective da (effective da Note: if the date inserted in this	e dissolution if not effective on the c ate cannot be prior to or more than 90 days I s block does not meet the applicable sta we date on the Department of State's reco	later than date document is received for filing) atutory filing requirements, this date will not be
 A description of occurrence th 605.0707, Florida Statutes, (co 	hat resulted in the limited liability co opy 605.0707 on back cover letter).	company's dissolution pursuant to section
Busi	iness Closed	LAR T
		SSA OF
		0200
 If there are no members, enter activities and affairs: 		on appointed to wind up the company's T CAMPBELL
	469 N. Pine Islan	nd RUAD #B307
	PLANTATION, FL	

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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:

Barbara Achmitt Campbell Barbara Schmidt Campbell Signature Printed Name

FILING FEE: \$25.00