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D. SCOTT AUG 1 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NICK OCSSON SEZECT AUTOS LAC (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:
NI CHOCAS OCSSON (Name of Person)
NICK OLSSON SELECT AUTOS, LCC (Firm/Company)
10128 CHOBA ST. +ALAN BOHLET GA
PACM BEACH GARDENS, FL, 33410  (City/State and Zip Code)
For further information concerning this matter, please call:
NICHOLAS DESSON at (561) 827 6547  (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  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liabi	dity company is			
NICK OLS	SON SELE	CT AUTO	5, 44	<u>C</u> .
2. The Articles of Organization	on were filed on $\underline{-\mathcal{I}}$	10/2015	and assigned	
document number <u>L / 5</u>	500014963	5		
3. The delayed effective date reflective Mote: If the date inserted in listed as the document's effective date.	this block does not meet t	me applicable statutory im	ling: <u>08/12</u> ate document & receive ng requirements, this	/2017 d for filing) date will not be
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in the lir (copy 605,0707 on bac	nited liability company'. k cover letter).	s dissolution pursua	nnt to section
BUSINESS A	IOT PROF	TABLE		<del></del>
			<del> </del>	
<ul><li>i. If there are no members, en activities and affairs:</li></ul>	NICHOLA	5 CL 550N		<u> </u>
	10128 CA	HOBA STRI	<del>E</del> ZT	3418 8
	PALM BEA	CH GARDENS	C, EL, 3	3410 8
5. Signature of an authorized isted above to wind up the co	person or if there are mmpany's activities and	o members, the signature affairs:	e of the person appo	ointed and
Middle		NI CHOCA	5 06550	2N
Signature		Prin	ited Name	

FILING FEE: \$25.00