# 16000625

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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02/14/17--01005--016 \*\*25.00

K. SALY FEB 1 5 2017

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Slow Wheels, 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:

Lisbet Garcia ,				
(Name of Person)				
Slow Wheels, LLC				
(Firm/Company)				
3109 Redwood National Dr Apt 4502				
(Address)				
Orlando, FL 32837				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Lisbet Garcia 407 837-5398

(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

		FOR	<i>7</i> *.
		A LIMITED LIABILITY COMPA	NY FILE
1	The name of a limited liabil	itu aammanu ia	2017 FFD .
1.	Slow Wheels, LLC	ny company is	SAL PRIME
	Siow Wheels, EDC		TALLAHAMIT OF CO
2.	The Articles of Organization	n were filed on March 30,2016	2017 FEB 13 PM 44 4  PALLAHASSEL, FLORIDA  and assigned
	document number L1600006	52550	
3.	Note: If the date inserted in the	he dissolution if not effective on the date date cannot be prior to or more than 90 days later his block does not meet the applicable statutor tive date on the Department of State's records	ry filing requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limited liability comp copy 605.0707 on back cover letter).	any's dissolution pursuant to section
	Business Closed		
5.	If there are no members, ent activities and affairs:	er the name and address of the person ap Lisbet Garcia - 3109 Redwood National Dr	• • •
6. lis	Signature of an authorized p	person or if there are no members, the sign	nature of the person appointed and
۲			
`	V.Mv.	Lisbet Garcia	
	Signature		Printed Name

**FILING FEE: \$25.00**