

L16000131498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

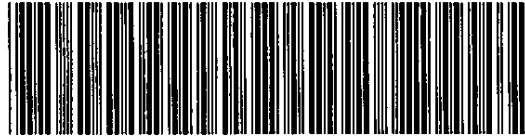
(Document Number)

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

Special Instructions to Filing Officer:

Mr. Keith gave permission  
to elaborate further on  
"description of occurrence"  
*[Signature]*  
8/3

Office Use Only



300288471083

08/01/16--01007--020 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/2/16 OK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAZ AUTO CARE 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:

KENNETH KEITH

(Name of Person)

KASBAR INC

(Firm/Company)

2802A FAIRLAWN DR

(Address)

WINSTON SALEM NC 27106

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KENENTH KEITH

(Name of Person)

at 336 724-2090

(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

FAZ AUTO CARE LLC

2. The Articles of Organization were filed on JULY 12, 2016 and assigned

document number L16000131498

3. The delayed effective date the dissolution if not effective on the date of filing: JULY 29, 2016  
(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).

THE NAME AND ADDRESS OF THE LLC TO BE DISSOLVED IS INCORRECT. A new entity  
has since been formed w/ the correct name.

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

KENNETH KEITH

2802A FAIRLAWN DR

WINSTON SALEM NC 27106

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

KENNETH KEITH

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA