

L16000138292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

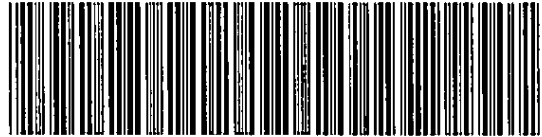
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/11/17--01004--027 **25.00

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2017 DEC 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
DEC 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FYZ 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:

Chadeer ALMAJADA
(Name of Person)

FYZ Auto Care LLC
(Firm/Company)

10181 US Hwy 41 S
(Address)

GIBSONTON FL 33534
(City/State and Zip Code)

For further information concerning this matter, please call:

Chadeer at (813) 900 0999
(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

FILED
2017 DEC 11 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

FYZ Auto Care, LLC

2. The Articles of Organization were filed on July, 22, 2016 and assigned

document number L 16000138292

3. The delayed effective date the dissolution is not effective on the date of filing: 12/08/2017
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

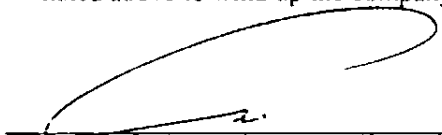
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Business Did NOT Produce
Enough Income To Remain Open

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

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

Ahadeer ALRAJADA

Printed Name

FILING FEE: \$25.00