

L17000033699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

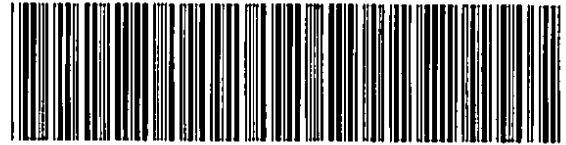
(Business Entity Name)

(Document Number)

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

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JUN 20 2019  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Archer Auto Repair, 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:

Joseph R. Archer

(Name of Person)

(Firm/Company)

6630 River Road

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

New mailing addr  
1016 Peninsula Av  
Tarpon Springs, FL  
34661

For further information concerning this matter, please call:

Joseph R. Archer

(Name of Person)

at (727) 364-4228

(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

Archer Auto Repair, LLC

2. The Articles of Organization were filed on 02/10/17 and assigned

document number L17000033699

3. The delayed effective date the dissolution if not effective on the date of filing: 07/01/18  
(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).

Moved out of the area

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

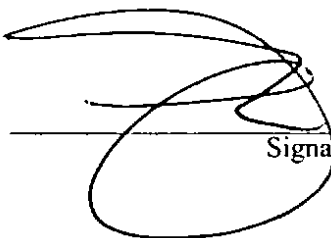
Joseph R. Archer

6630 River Road

New Port Richey, FL 34652

New mail address:  
1016 Peninsular  
Tarpon Springs  
34689

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

Joseph R. Archer

Printed Name

**FILING FEE: \$25.00**