

217000041324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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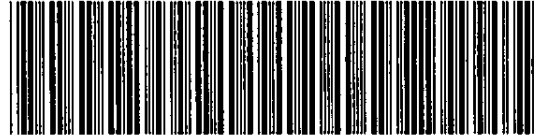
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 21 2018

COVER LETTER

FILE FIRST

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA AUTOBODY AND AUTOMOTIVE CENTER, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSWORTH McLAUGHLIN
Name of Person

Firm/Company

P.O. BOX 47015
Address

TAMPA FL 33647
City/State and Zip Code

TAMPA AUTO BODY CENTER C@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSWORTH McLAUGHLIN at (305) 677-3712
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

FILE SECOND

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: _____

TAMPA AUTOBODY AND AUTOMOTIVE CENTER, LLC

SECOND: The Florida Document number of the limited liability company is: L17000041324

THIRD: The date of filing of the initial articles of organization is: FEBRUARY 17th 2017

FOURTH: The date of filing of the dissolution is: MARCH 14th 2018

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

R. M. McLaughlin
Signature of Authorized Representative

ROSWORTH McLAUGHLIN
Typed or printed name of signature

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18 MAR 20 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)