

L17000045519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

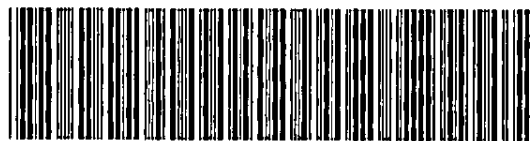
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300359953123

02/11/21--01022--014 \*\*55.00

APR 01 2021  
S. YOUNG

2021 FEB 11 PM 5:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDULLA AUTO SALES & SERVICE, 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:

BARBARA HOFFMAN c/o KEVIN R. ALBAUM, ESQ.

\_\_\_\_\_  
(Name of Person)

CLARK, CAMPBELL, LANCASTER, & MUNSON, PA

\_\_\_\_\_  
(Firm/Company)

500 S. FLORIDA AVE, SUITE 800

\_\_\_\_\_  
(Address)

LAKELAND, FL 33801

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA HOFFMAN  
\_\_\_\_\_  
(Name of Person)

863 409-8964  
at (\_\_\_\_\_) \_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
MEDULLA AUTO SALES & SERVICE, LLC

2. The Articles of Organization were filed on February 17, 2017 and assigned  
document number L17000045519

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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.

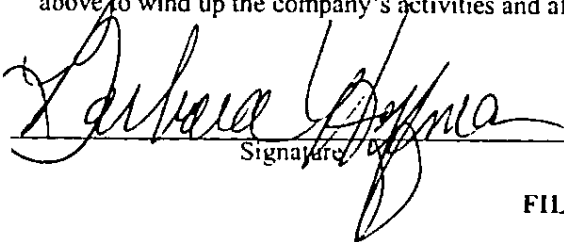
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
death of Mark A. Hoffman (sole member)

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

Mark A. Hoffman

p.o. box 7215, Lakeland, Florida 33807

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

BARBARA HOFFMAN

Printed Name

**FILING FEE: \$25.00**

2021 FEB 11 PM 5:40

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MEDULLA AUTO SALES & SERVICE LLC

Document number of Limited Liability Company is: L17000045519

Date of dissolution was: 2/1/2021

Description of information that must be included in a written claim:

Name and Address of Claimant

Amount of Claim

Whether Claim is Secured, Unsecured, Contingent, or Unliquidated

Basis of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

BARBARA HOFFMAN c/o KEVIN R. ALBAUM, ESQ.

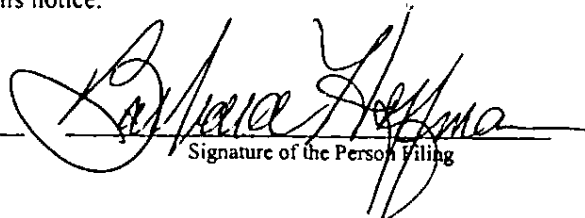
500 S. Florida Ave, Suite 800

Lakeland, Florida 33801

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

BARBARA HOFFMAN

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**