

L17000048321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

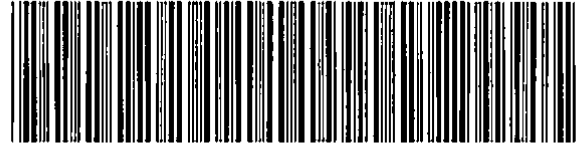
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/07/19--01008--006 **35.00

08/27/19--01003--033 **20.00

FILED

2019 AUG 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

AUG 27 2019

[Handwritten signatures]

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

FULLEISE MOTORCYCLES, LLC
131 COUNTY ROAD 468
LEESBURG, FL 34748

SUBJECT: FULLEISE MOTORCYCLES, LLC
Ref. Number: L17000048321

We have received your document for FULLEISE MOTORCYCLES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00016673

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RECEIVED

2019 AUG 22 AM 11:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULLIEISE MOTORCYCLES L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEIL FULLILOVE
(Name of Person)
FULLIEISE MOTORCYCLES L.L.C. OWNER
(Firm/Company)
1500 W. Main St
(Address)
LEESBURG FL 34748
(City/State and Zip Code)

For further information concerning this matter, please call:

NEIL FULLILOVE at 352.530.0829
(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

1. The name of a limited liability company is

FULLEISE MOTORCYCLES LLC

2. The Articles of Organization were filed on _____ and assigned

document number LI7000048321

3. The delayed effective date the dissolution if not effective on the date of filing: 7.18.2019
(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)

Irreconcilable Differences

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

2019 AUG 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Neil Fullilove
Signature

NEIL FULLILOVE
Printed Name

FILING FEE: \$25.00

FILED