

L170000 59390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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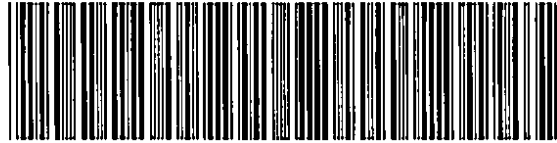
(Business Entity Name)

(Document Number)

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

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04/12/19--01013--015 4425.00

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AND  
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2019 APR 12 PM 6:18  
CLERK OF STATE  
TOLSON, EDWARD

T.G.  
04/17/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sam Dorman Limited Liability Company  
(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:

Sam Dorman  
(Name of Person)

Sam Dorman Limited Liability Company  
(Firm/Company)

3686 SW 23rd St  
(Address)

Miami FL 33145  
(City/State and Zip Code)

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TALLAHASSEE, FL  
REGISTRATION SECTION

For further information concerning this matter, please call:

Sam Dorman at ( 400 ) 254 5397  
(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

Sam Dorman Limited Liability Company

2. The Articles of Organization were filed on ~~12/15/16~~ 3/15/17 and assigned

document number L17000059390

3. The delayed effective date the dissolution if not effective on the date of filing: ~~12/15/16~~ 3/10/17  
(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).

No longer needed. Retired

2019 APR 12 PM 6:18  
FILED

APPROVED  
AND  
FILED

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



Sam Dorman  
Printed Name

**FILING FEE: \$25.00**

# 2019 – ANNUAL REPORT INSTRUCTION FORM

(Florida LLCs)

## IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number F34852486	Notice Date 11/16/2018	Document Number L17000059390	Formation Date 3/15/2017
Business Address  18329-203-79**AUTO**SCH 5-DIGIT 33145 SAM DORMAN LIMITED LIABILITY COMPANY 2450 SW 19TH AVE MIAMI, FL 33145-3874			
			<b>Please Respond By:</b> <b>12/14/2018</b>
			

Florida laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. If SAM DORMAN LIMITED LIABILITY COMPANY does not file an annual report in the applicable filing period, you may be at risk for penalties and fines.

FLA. STAT. ANN. § 605.0212(1): "A limited liability company or a registered foreign limited liability company shall deliver to the department for filing an annual report..."

If the business entity is still in use, Workplace Compliance Services, a private entity, will assist for a fee in the filing of your annual report.

WORKPLACE COMPLIANCE SERVICES IS NOT A GOVERNMENT AGENCY AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENTAL AGENCY TO PROVIDE THIS SERVICE.

To utilize this service, follow the steps below. Workplace Compliance Services will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with \$199 in the enclosed envelope. **Please respond today!**

### STEP 1. Verify the accuracy of the pre-printed business information. Make any necessary changes and complete any missing information.

EI / EIN Number APPLIED FOR	Formation Date 3/15/2017	Filing Year 2019
Main Business or Headquarters Address 2450 SW 19TH AVE, MIAMI, FL 33145-3874		

### STEP 2. Provide the name, title and address of each director and officer.

Name SAM DORMAN	Title PRES
Address 2450 SW 19TH AVE, MIAMI, FL 33145	
Name	Title
Address	
Name	Title
Address	
Name	Title
Address	

### STEP 3. Registered Agent (make changes where necessary)

Registered Agent Name EVANG DESAI
Registered Agent Address