L1700090690

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Newlite Auto Glass 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:

Daniel Pickett

(Name of Person)

Newlite Auto Glass LLC

(Firm/Company)

2336 Hazelwood LN

(Address)

Clearwater, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Pickett

(Name of Person)

.,727

269-1703⁹

(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						
	Newlite Auto Glass LLC	<u></u>					
2.	The Articles of Organization	n were filed on April 24	4, 2017	and assigned			
	document number L1700009	90690					
3.	The delayed effective date the dissolution if not effective on the date of filing: 12 3 1 2 0 7 (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 605.0707, Florida Statutes, (that resulted in the lin	nited liability compan cover letter).	ıy's dissolution pursuan	t to section		
	Said LLC replaced a windshiel	• •	•	their insurance company is	n May.		
	There is no way this company and not receive payment for the	will survive financially if	we continue to spend i	money on materials and o	verhead.		
5.	If there are no members, ent	ter the name and addres	ss of the person appo	inted to wind up the coi	mpany's 🛴		
	activities and affairs:	Daniel Pickett		<u> </u>			
		2336 Hazelwood Ln.		<u> </u>	20		
		Clearwater, FL 33763					
6. lis	Signature of an authorized pattern above to wind up the cor	person or if there are no apany's activities and a	members, the signal	ture of the person appoi	nted and		
7			Daniel	Pickett			
	Signature		ľ	enucu ivanie			

FILING FEE: \$25.00