## L17000108285

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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02/11/22--01014--004 \*\*25.00



O SIMMONS

## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Humble Driver LLC				
SUBJECT:				
(Name of Limite	ed Liability Comp	pany)		
The enclosed Articles of Dissolution and fee(s) are submitt	ted for filing			
The enclosed futures of Dissolution and rec(s) are submitted	ica for filling.			
Please return all correspondence concerning this matter to	the following:			
Glenn Roth				
(Nam	ne of Person)			
Humble Driver LLC				
(Firm	n/Company)			
2117 Swan Lane				
	A 11	<del></del>		
Safety Harbor, FL 34695	Address)			
outely Hallow, 12.54055				
(City/Stat	te and Zip Code)			
For further information concerning this matter, please call:				
Glenn Roth	727	463 3205		
	at (	)		
(Name of Person)	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)			
	23	10 (manufacture)		
M-31.				
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

The name of a limited liab     Humble Driver LLC	ility company is		2022 FEB 11	
	05/16/2017 on were filed on		SECREMARY TALLAHAS and assign	07 3741E-1 9EE, FL
document number	08285		wild ussign	
effective (effective Note: If the date inserted in	the dissolution if not effective re date cannot be prior to or more that this block does not meet the apple ective date on the Department of S	n 90 days later than da icable statutory filir	ite document is re-	reived for filing) this date will not be
4. A description of occurrence 605.0707, Florida Statutes, Covid 19 effect	e that resulted in the limited lia (copy 605.0707 on back cover	ability company's letter).	dissolution pu	rsuant to section
Covid 19 effect				
Covid 19 effect		· · · · · · · · · · · · · · · · · · ·		<del></del>
			,,,,	
5. If there are no members, en activities and affairs:	nter the name and address of th Glenn Roth	e person appointe	d to wind up th	e company's
	2117 Swan Ln		· · ·	
	Safety Harbor, FL 34695			
6. Signature of an authorized above to wind up the company	person or if there are no memby's activities and affairs:	ers, the signature	of the person a	ppointed and listed
( - C)	Gle	nn Roth		
Signature			ed Name	
	FILING FEE:	\$25.00		