

L18 0000002159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

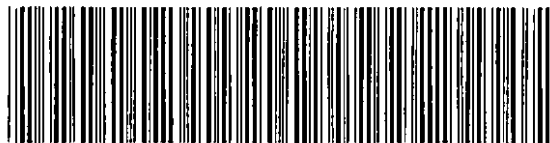
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/27/24--01006--001 \*\*25.00

RECEIVED

2024 AUG 26 PM 3:34

FILED

2024 AUG 26 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robinson Automotive Group 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:

SHERYL Robinson  
(Name of Person)

Robinson Automotive Group LLC  
(Firm/Company)

P.O. Box 12744  
(Address)

TALLAHASSEE, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheryl Robinson  
(Name of Person)

at ( 850 ) 684-2030  
(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

FILED

1. The name of a limited liability company is Robinson Enterprise Group LLC 2024 AUG 26 PM 3: 32

Robinson Automotive Group LLC SR

SECRETARY OF STATE  
TALLAHASSEE, FL

2. The Articles of Organization were filed on 1/4/2018 and assigned

document number L18000002159

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).

THE LLC WAS DISSOLVED DUE TO A SIGNIFICANT SHIFT IN  
THE MARKET THAT ADVERSELY AFFECTED THE BUSINESS'S  
OPERATIONS, MAKING IT NO LONGER FEASIBLE TO CONTINUE. AS A  
RESULT, THE DECISION WAS MADE TO CLOSE THE BUSINESS AND DISSOLVE THE LLC.

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

Sherry I Robinson

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

FILED

**NOTE: This page is optional**

2024 AUG 26 PM 3: 32

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Name of Limited Liability Company: Robinson ENTERPRISE GROUP LLC SR  
Robinson Automotive Group LLC

Document number of Limited Liability Company is: 618000002159

Date of dissolution was: 8/26/24

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

1. CLAIMANT'S Full name and contact info
2. DESCRIPTION OF THE BASIS OF THE CLAIM. (NATURE OF DEBT, DATES etc...)
3. THE AMOUNT BEING CLAIMED.
4. Supporting Documentation (INVOICES, CONTRACTS, AGREEMENTS)
5. DEADLINE TO SUBMIT A CLAIM IS 90 DAYS FROM THE DATE OF NOTICE.

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

P.O. BOX 12744  
TALLAHASSEE, FL 32308  
\_\_\_\_\_  
\_\_\_\_\_

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.

Sheryl Robinson  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

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