

L18 0000 74350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
2019 MAY 31 AM 10:25
JUL 1 2019

T GLASS

JUN 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hectors Auto Repair 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:

Hector L. Velasquez
(Name of Person)

(Firm/Company)

9348WNichols Terr
(Address)

Port St. Lucie Fla. 34953
(City/State and Zip Code)

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For further information concerning this matter, please call:

Justine Gordon at (772) 353-2055
(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

RECEIVED

MAY 31 2019

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Hectors Auto Repair

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

document number L18000074350

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 hasn't done Business in over
a year. Hector has gone back to work
for a Company.

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:

Hector Velasquez
Signature

Hector Velasquez
Printed Name

FILING FEE: \$25.00

APPROVED
AND
FILED

2019 MAY 31 AM 10:25

CU: 304: PDR: 1550 Minne 1-800 www.m: Date: Time: SERIAL MONEY 0: Fee: 0.4

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MoneyGram.

www.moneygram.com/moneyorder

208503542456

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04/10/2019

443.75

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EMPLOYEE

808 (918) 500/5000

M 90908-Z

TAX: 0.00

TOTAL: 44

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Notarizes for the dissolution of a corporation that has not issued

1 must be legible.

utes, a delayed effective date may be specified but may not be later
e document is filed.

ution form is attached. This notice pursuant to s. 607.1407, F.S. is
dissolution. No additional fee is required if it is included.

\$ 35.00 (Includes a letter of acknowledgment)

\$ 8.75

\$ 8.75

payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or
complete the attached cover letter.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

For further information, you may contact the Amendment Section at (850) 245-6050.