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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

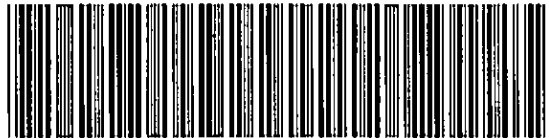
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/18--01009--027 **25.00

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2018 OCT 26 PM 3:25
TALLAHASSEE FLORIDA

D BRUCE
NOV 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swamp Diesel Mobile Repair
(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:

Chris Caracciolo
(Name of Person)

Swamp Diesel Mobile Repair
(Firm/Company)

102 SW Ed Glover St
(Address)

Micanopy, FL 32667
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Caracciolo at (352) 525-0835
(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

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2018 MAY 26 PM 3:36
Tallahassee, FL

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

1. The name of a limited liability company is

Swamp Diesel Mobile Repair

2. The Articles of Organization were filed on 06/18/2018 and assigned

document number L18000149351

3. The delayed effective date the dissolution if not effective on the date of filing: 10/18/2018
(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).

Due to zero profit I want to cancel
my LLC Business license

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Chris Caracciolo
102 SW ED Glave St
Micanopy, FL 32667

2018 NOV 26 PM 3:06
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
COUNTY OF ALACHUA

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:

Chris Caracciolo
Signature

Chris Caracciolo
Printed Name

FILING FEE: \$25.00