Florida Department of State Difficion of Componentions Electronic Kiling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

LLC DISSOLUTION OR WITHDRAWAL HAMPTONS AUTO WHOLESALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations HAMPTONS AUTO WHOLESALE LLC SUBJECT: (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: **GEORGES Y GHOSN** (Name of Person) HAMPTONS AUTO WHOLESALE LLC (Firm/Company) 1209 FORT N HARRISON (Address) CLEARWATER, FL 33755 (City/State and Zip Code) For further information concerning this matter, please call; GEORGES Y GHOSN (Name of Person) (Arca 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

1.	The name of a limited liability company is HAMPTONS AUTO WHOLESALE LLC
2.	The Articles of Organization were filed on 10/29/2018 and assigned
	document number L18000253113
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). COMPANY OUT OF BUSINESS
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. abo	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
(GEORGES Y GHOSN
>	Signature Printed Name
	FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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

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

Name of Limited Liability Company: HAMPTONS AUTO WHOLESALE LLC
Document number of Limited Liability Company is: L18000253113
Date of dissolution was:
Description of information that must be included in a written claim:
DETAILED INFORMATION ABOUT THE FACTS THAT LEAD TO THE CLAIM. ALSO PROVIDE CLEAR
CONTACT DETAILS AS NAME, ADDRESS, EMAIL AND PHONE NUMBER TO BE CONTACTED.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
12641 NW 23RD PL
MIAMI SHORES, FL 33167
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.
GEORGES Y GHOSN
Printed Name of the Person Filing Signature of the Person Filing

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