

L19 0000 555 93

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

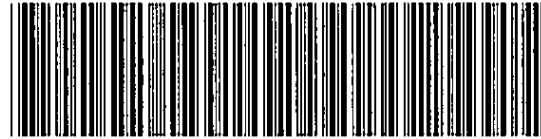
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 24 AM 11:26

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SEP 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRIVEN AUTO UPHOLSTERY
(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:

TAYLOR KNOELICK
(Name of Person)

DRIVEN AUTO UPHOLSTERY LLC
(Firm/Company)

1251 NORTH JEFFERSON AVE
(Address)

SARASOTA FL 34237
(City/State and Zip Code)

For further information concerning this matter, please call:

TAYLOR KNOELICK at (941) 806-7524
(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 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

DRIVEN AUTO UPHOLSTERY LLC

2. The Articles of Organization were filed on 03/26/19 and assigned

document number L19000055593

3. The delayed effective date the dissolution is not effective on the date of filing: 7/15/20
(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).

NO INCOME THROUGH THIS 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:

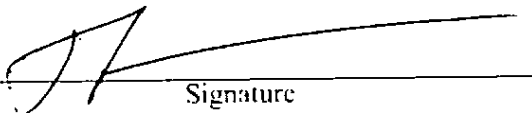
TAYLOR KNOFLICK

3028 WILKINSON RD

SARASOTA FL 34231

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2020 JUL 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL

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

TAYLOR KNOFLICK
Printed Name

FILE FEE: \$25.00