L19 CCO151345

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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mond form	

Office Use Only



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2022 Ján 24 FN 2: 45

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Archides of Dissolution	
DOCUMENT NUMBER: <u>L/9000 151345</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas Pullian	
(Name of Contact Person)	
Owner Black LABEL Auto Glas Lice	
(Firm/Company) - 3 8	
1612 Creek Point Blud (Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
Jacksmille FL 32018	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Shenae Pulliam at (803-522-3537 (Name of Contact Person) (Area Code) (Daytime Telephone Numb	
(Name of Contact Person) (Area Code) (Daytime Telephone Numb	oer)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$43.75 Filing Fee & \$\Bigcup \$52.50 Filing Fee, \$\Certificate of Status & Certified Copy (Additional copy is enclosed) \$\Bigcup \$60 Certified Copy (Additional copy is enclosed)	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



RECEIVED

2022 JAN 24 PM 2: 13

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE

TALL AHASSEE, FL

January 4, 2022

THOMAS PULLIAM BLACK LABEL AUTO GLASS LLC 1612 CREEK POINT BLVD JACKSONVILLE, FL 32218

SUBJECT: BLACK LABEL AUTO GLASS LLC

Ref. Number: L19000151345

We have received your document for BLACK LABEL AUTO GLASS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 722A00000200

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Black Label Auto Glass LLC
2.	The Articles of Organization were filed on Ob 157 119 and assigned
	document number <u>11900015134</u> 5
3.	The delayed effective date the dissolution if not effective on the date of filing: Dec 31 Zo Z((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).
	Georges Closed business because they took jobs in their ?
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	Thomas Pulliam 1612 Ceek Point Blad
	Jacksonville FL 32213
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:
	Signature Thomas Pullam Printed Name

FILING FEE: \$25.00