L22000162272

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





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08/19/24--01013--017 **25.00

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AUG 2 6 = S. PRATHER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: A&G Car Ref	tal UC d Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Angre Paola l	_ambana e of Person)	
(Firm/Company)		
442 Aspencia	CEK CIT HAT 302	
500 to share CC 20201		
SPartanbulg, SC 29301 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Angle Paola Lombona (Name of Person)	at (6 64 , 3 65 9188	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\forall \forall \forall \forall 25.00 \text{ 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 Tallanassee 2415 N. Monroe Street, Suite 810 Tallanassec, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	. The name of a limited liability company is	
	ARG Cai Rental LLC	
<u>:</u> .	The Articles of Organization were filed on April C5/2C22 and assigned	
	document number <u>1.22000\62272</u>	
3.	The delayed effective date the dissolution if not effective on the date of filing: 105/2024 (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).	
	I am Closing the Company due to a change or state.	
: .	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Argie Paclu Lomborg	
	442 Aspencieek Cir Apit 302	
	Spartanburg Sc 29301	
6. ab	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:	
	Angle P Lombong Angle Paola Lombong = 3	
	FILING FEE: \$25.00	
	- <u>-</u> <u>-</u>	