

(Red	questor's Name)				
(Address)					
(Add	dress)				
(City	//State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
umil	S	<u></u>			





02/26/34--01034--027 **45.60

COVER LETTER

TO: Registration Section

DIVISI	ол of Corporations						
SUBJECT: _	ATV RENTAL.	HIAVII					
(Name of Limited Liability Company)							
The enclosed A	articles of Dissolution and fee(s) are su	ubmitted for filing.					
Please return al	ll correspondence concerning this matt	ter to the following:					
	LEIRA B	DAY D					
		(Name of Person)					
		(Firm/Company)					
•		• •					
	15025 HARRIS	<u> 2014 St</u>					
	1.1	(Address)					
	Alienin Fo	1 33196					
	(C	ity/State and Zip Code)					
For further info	ormation concerning this matter, please	e call:					
(_=	(Name of Person)	at (586) 3991091 (Area Code & Daytime Telephone Number)					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a che	eck for the following amount:						
团,\$25.00	Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Regis Divis P.O.	ng Address: Stration Section Sion of Corporations Box 6327 hassee, 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 liab	ility company is I HIAM I			
2. The Articles of Organizati	on were filed on(3 /24	and assign	ed
2. The Articles of Organizati	3 630059382	<u>-</u>		
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	this block does not meet th	e applicable statutory	y filing requirements,	eived for filing) this date will not b
4. A description of occurrence 605.0707, Florida Statutes,				
WE DIDN'T HA	D ANY SALES	WE ARE	HOVING OU	T 04-
State.				•
				:
				<u> </u>
. If there are no members, e	nter the name and address	of the person appo	ointed to wind up th	e company, s
activities and affairs:				
		-		
 Signature of an authorized above to wind up the compan 	person or if there are no y's activities and affairs:	members, the signa	ature of the person a	ppointed and list
D		(FRA	Bayo Printed Name	
/()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: ATU RENTAL MIAMI	· · · · · · · · · · · · · · · · · · ·
Document number of Limited Liability Company is: L 23606059382	
Date of dissolution was: $\frac{1}{12}$ / $\frac{24}{24}$	
Description of information that must be included in a written claim:	
BUSINESS TROUT WEEK OUT, WE DIDN'T HAD ANY S	SALES.
	<u></u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 15025 HARRISON 3T HIAMI H B3176	1.7 1.7]
A claim against the above named limited liability company will be barred unless a proceeding to e claim is commenced within 4 years after the filing of this notice.	nforce the
LEIRA BAYO	
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