

L23000230241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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100439188031

11/09/24--01018--026 \*\*25.00

*Dissolution*

DEC 18 2024

D. CUSUMANO

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHOMP AUTO Services, LLC  
(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:

Amari Jackson  
(Name of Person)

CHOMP AUTO Services, LLC  
(Firm/Company)

559 Morgan Ave  
(Address)

Chattahoochee, FL 32324  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amari Jackson at ( 850 ) 663-4179  
(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

CHOMP AUTO Services, LLC

2. The Articles of Organization were filed on May 10, 2023 and assigned  
document number L23000230241

3. The delayed effective date the dissolution if not effective on the date of filing: 12/10/24  
(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).

The business is not actively engaging  
in any transaction for the purpose of  
financial or monetary gain or profit. The  
business never went forth and does not have any remaining or  
no assets.

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. 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:

Amari Jackson  
Signature

Amari Jackson  
Printed Name

**FILING FEE: \$25.00**