## L11000090372

(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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04/27/18--01023--002 \*\*25.00

18 APR 27 AN II: 44
SECRETARY OF STATE
SECRETARY OF

O SIMMONS APR 3 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	TRAN SPORTATION LLC ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
JANOS TOTH	ime of Person)
(Fi	rm/Company)
3615 timestone	St. (Address)
3615 timestone Clermont, FL	34711 tate and Zip Code)
For further information concerning this matter, please call	l:
JANOS TOTH (Name of Person)	at (407) 802 - 5070 (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	STREET/COURIER ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	ORLANDO OASIS TRANSPORTATION LLC			
2.	The Articles of Organization were filed on $\frac{August 5}{2011}$ and assigned document number $\frac{L1000090372}{2011}$			
3.	The delayed effective date the dissolution if not effective on the date of filing:  (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 was no longer generating			
	bevenue.			
5.	If there are no members, enter the name and address of the person appointed to wind up the company's			
• ,	activities and affairs:			
	Janos Toth			
	3615 Limestone St.			
	Clarmont, FL 34711			
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:			
-P	TANGE TOTAL			
	Signature Printed Name			

**FILING FEE: \$25.00**