

L19000 204 242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

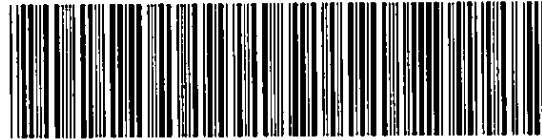
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE

20 FEB -3 AM 8:29

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FEB 28 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Israel Hill Transport Solutions  
(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:

Wesley A. Pochette  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

16155 SW 149<sup>th</sup> Terr  
(Address)

Miami, FL 33196  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wesley A. Pochette at (305) 528 0460  
(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  
Israel Hill Transport Solutions
2. The Articles of Organization were filed on August 16, 2019 and assigned  
document number L19000204242
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).

limited liability company will ~~not~~<sup>not</sup> be operating in the State  
of Florida the address and company will be in the state of Texas

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Wesley A. Pochette

115 North Club Drive

Longview, TX 75602

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TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

Wesley A. Pochette  
Signature

Wesley A. Pochette  
Printed Name

**FILING FEE: \$25.00**