

L21 000 515 754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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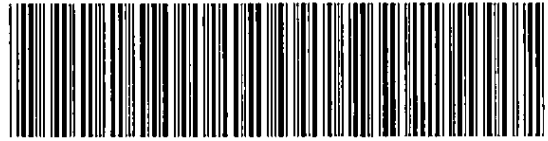
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Handwritten signature*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smooth Ride Shuttle Transportation 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:

Ernestine J. Worthy  
(Name of Person)

Smooth Ride Shuttle Transportation LLC  
(Firm/Company)

5901 N. W. 15th  
(Address)

Sunrise, FL 33313  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ernestine J. Worthy at (954) 258-8351  
(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  
245 E. Taylor St.  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Smooth Ride Shuttle Transportation LLC.

2. The Articles of Organization were filed on 12/6/2021 and assigned

document number L21000515754

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).

Service Interruption due to costs  
of Coverage to protect against a loss

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

Ernestine J. Worthy

5901 N. W. 15ct

Sunrise, FL. 33313

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:

Ernestine J. Worthy  
Signature

ERNESTINE J. WORTHY  
Printed Name

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