

L04000065749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 30 AM 10:11  
SECRETARY OF STATE  
ITALY AMASSADOR LONDON

J. Githers MAY 06 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIDOC 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:

Juanita Lopez

(Name of Person)

SIDOC TRANSPORTATION LLC

(Firm/Company)

7265 NW 74th Street

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Juanita Lopez

305

803 4891

at ( )

(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/COURIER ADDRESS:

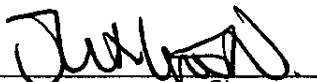
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is SIDOC TRANSPORTATION LLC
2. The Articles of Organization were filed on 04/01/2004 and assigned  
document number L04000065349
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)
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).  
Equipment was sold. No more operations.

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 listed above to wind up the company's activities and affairs:

  
Signature

JANITA LOPEZ  
Printed Name

**FILING FEE: \$25.00**

FILED  
15 APR 30 AM 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA