

LD50000 25102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

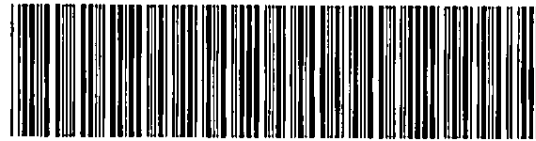
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Special Instructions to Filing Officer:

New Art. of Diss ✓

Rec-10/18

Office Use Only



600318231686

09/10/18--01028--003 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 18 PM 6:49

FILED

OCT 31 5:00

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2018

RICHARD AUGUSTINE  
AIRLINE CARGO MANAGEMENT SERVICES, LLC  
8777 COLLINS AVE, PH-10  
SURFSIDE, FL 33154

SUBJECT: AIRLINE CARGO MANAGEMENT SERVICES, LLC  
Ref. Number: L05000025102

We have received your document for AIRLINE CARGO MANAGEMENT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To properly notify this office that you are no longer transacting business, please complete and return the enclosed Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 118A00019261

REC-118  
OCT 18 PM 1:21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AIRLINE CARGO MANAGEMENT SERVICES.  
(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:

RICHARD AUGUSTINE  
(Name of Person)

10 AIRLINE CARGO MANAGEMENT SERVICES.  
(Firm/Company)

8777 COLLINS AVE, PH-10  
(Address)

SURFSIDE, FLORIDA, 33154  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD AUGUSTINE at ( 773 ) 230-1370  
(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)

N/A

### 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

AIRLINE CARGO MANAGEMENT SERVICES

2. The Articles of Organization were filed on 3-14-05 and assigned

document number LO500025102

3. The delayed effective date the dissolution if not effective on the date of filing: 10-1-18  
(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).

DEATH OF OFFICER

MAJOR CHANGE IN BUSINESS CLIMATE AND

MAJOR BUSINESS CHANGE

2018 OCT 18 PM 6:49  
STATE  
TALLAHASSEE, FL

FILED

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

RICHARD AUGUSTINE

8777 COLLINS AVE PH-10

SURFSIDE, FL 33154

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:

  
Signature

RICHARD AUGUSTINE  
Printed Name

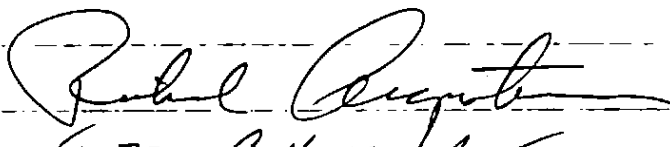
FILING FEE: \$25.00

AMENDMENT SECTION. ——— 9-4-18

I AM ATTACHING A COPY OF MY LATE WIFE'S DEATH CERTIFICATE, AS THE LLC WAS CONTROLLED BY HER WITH 51% INTEREST, AND MYSELF WITH 49%.

I AM THE PERSONAL REPRESENTATIVE OF HER ESTATE, AND HAVE POA TO DISSOLVE.

FURTHERMORE, I ATTEST THAT THIS LLC AS OF DISSOLUTION DATE OF 9-30-18 WILL HAVE NO OUTSTANDING DEBTS.



8277 COLLINS AVE

PTA-10

SURFSIDE, FL 33154

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018012877

DATE ISSUED: January 26, 2018

## DECEDENT INFORMATION

STATE FILE DATE: January 26, 2018

NAME: CAROLE MOSSER AUGUSTINE

DATE OF DEATH: January 20, 2018

SEX: FEMALE

AGE: 064 YEARS

DATE OF BIRTH: August 27, 1953

SSN: 304-50-6372

BIRTHPLACE: INDIANAPOLIS, INDIANA, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: MOUNT SINAI MEDICAL CENTER

LOCATION OF DEATH: MIAMI BEACH, MIAMI-DADE COUNTY, 33140

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: RICHARD AUGUSTINE

RESIDENCE: 8777 COLLINS AVENUE APT NO. PH10, SURFSIDE, FLORIDA 33154, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: MANAGEMENT, TRANSPORTATION

RACE: ☒ White☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native—Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

## PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: CARL HENRY MOSSER

MOTHER/PARENT: FLOSSIE MAE BEAN

INFORMANT: RICHARD AUGUSTINE

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: 8777 COLLINS AVENUE APT NO. PH10, SURFSIDE, FLORIDA 33154, UNITED STATES

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: EVERGLADES CREMATORIUM  
WEST PARK, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: MARY T. WALDRON, F019869

FUNERAL FACILITY: STANFILL FUNERAL HOME F064191  
10545 S DIXIE HWY, MIAMI, FLORIDA 33156

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0137

DATE CERTIFIED: January 25, 2018

CERTIFIER'S NAME: MARC ETHAN CSETE

CERTIFIER'S LICENSE NUMBER: ME44432

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018910771

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

