# B08/00000701

(Re	equestor's Name)	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
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Office Use Only



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08 JAN 31 PM 3: 17

SECRETARY OF STATE
DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Alonge 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:			
Alba L. Ramirez			
(Name of Person)			
Aloman Transportation, LLc (Firm/Company)			
7017 WindING LAKE CIrcle  OVIEDS, FL 32765  (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ALba L. Ramire at 407 405-2874  (Name of Person) (Area Code & Daytime Telephone Number)			
,			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) (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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2008

ALBA L RAMIREZ 7017 WINDING LAKE CIR OVIEDO, FL 32765

SUBJECT: ALOMAR TRANSPORTATION SERVICES, LLC

Ref. Number: L07000001808

08 JAN 31 PH 2: 45
SECREGAL OF STATE

We have received your document for ALOMAR TRANSPORTATION SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00004529

Division of Compositions D.O. DOV 6997 Tollohoggo Florida 99914

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

	•	<b>T</b>
1. The name of a limited liability company is  A IOMAR TORKS POR	tation, LLC	3: 17
2. The Articles of Organization were filed on	Olloy Joot and assign	ned document numbe
3. The date the dissolution was approved:	10807	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pur er letter).	suant to section
5. CHECK ONE:  All debts, obligations and liabilities of the liminary of the liminary of the liminary of the liminary of the defendance of the defendance of the defendance of the liminary of	bts, obligations and liabilities pursua	ant to s. 608.4421.
7. CHECK ONE:  There are no suits pending against the compa	ny in any court.	
OR- Adequate provision has been made for the sa entered against it in any pending suit.	•	decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to app	prove the dissolution
Signature	Printed Na	me
	ALBA L. P.	2amirez
		·
·		

**FILING FEE: \$25.00**