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(Address) (Address) (Address) (City/State/Zip/Phone #)	200390420472 ALL MASSEE FLORIDA
(Business Entity Name) (Document Number)	한국····································
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
	SEP 2 2 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

ADVANTAGE TRANSPORT SERVICES, LLC

SUBJECT: _____

(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:

MICAHEL GAGEL

(Name of Person)

ADVANTAGE TRANSPORT SERVICES, LLC

(Firm/Company)

PO BOX 1549

(Address)

RIVERVIEW, FL 33568

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GAGEL	813	917-5512
	at ()
(Name of Person)	(Area Co	de & 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

 The name of a limited liability company is ADVANTAGE TRANSPORT SERVICES, LLC 	
 The Articles of Organization were filed on 03/30/2007 	and assigned
document number L07000033977	
3. The delayed effective date the dissolution if not effective on the (effective date cannot be prior to or more than 90 d. <u>Note:</u> If the date inserted in this block does not meet the applicable listed as the document's effective date on the Department of State's	e statutory filing requirements, this date will not be
 A description of occurrence that resulted in the limited liabilit 605.0707, Florida Statutes, (copy 605.0707 on back cover letter 	y company's dissolution pursuant to section r.
CLOSED DUE TO SHUTTING DOWN OF BUSINESS.	<u> </u>
CLOSED DUE TO SHUTTING DOWN OF BUSINESS.	
CLOSED DUE TO SHUTTING DOWN OF BUSINESS.	
	1072 J
5. If there are no members, enter the name and address of the per	rson appointed to wind up the company's

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

activities and affairs:

MICHAEL GAGEL

Printed Name

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PH 1

FILING FEE: \$25.00