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(Requestor's Name)	
(Address)	—
(Address)	
(rounds)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
Suria Suria Mana	
(Business Entity Name)	
_	
(Document Number)	
	/
Certified Copies Certificates of Status	_
	
Special Instructions to Filing Officer:	
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MAR 2 1 2014 T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: HOPPICE / Ruck (Name of Limited	wink, 12C	
(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	e following:	
HORACE avil	Liams	
(Name	of Person)	
HORACE WILIAMS (Name of Person) HORACE TRUCKING, LLC (Firm/Company) 1020 S.W. Hg H WAY (Address) Formann Besset To 33088 (City/State and Zip Code)		
(Firm/	Company)	
1020 S.W. 49 #	WAY	
Pompano Besse	eH TZ 330 P	
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
HORACE WILLIAMS (Name of Person)	_at (454) _732 - 7403	
(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:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	COMPANY
1. The name of a limited liability	d 00mm-
	Company is
	vere filed on Florale
7 Th. 47	- Lice, Lice
2. The Articles of Organization w	vere filed on 5/27/2006
document number	and assigned and assigned
/	1.00/05/
3. The delayed effective date the	dissolution if not view and the date of filing:
(effective da	le cannot be prior to or more the
	than date do
4. A description of occurrence th	at resulted in the limited liability company
<i>2</i> 1	py 605.0707 on back cover letter).
/on the FITABL	LE vant to section
•	Zir Die
	in the second se
5 If there are no manufactor out on	The state of the s
5. It there are no members, enter	the name and address of the person appointed to wind up the company's
activities and affairs:	HORACE WILLIAMS
	1. Caluata
	1020 Sist. 49 Toway
~-	
	Pompano Boself FL 33068
_	
-	
6. Signature of an authorized per	son or if there are no members, the signature of the person appointed and
listed above to wind up the compa	any's activities and affairs:
V	
1-1-	
	HORACE WILLIAMS
CFC).J	
Signature	Printed Name

FILING FEE: \$25.00