

L09000054732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

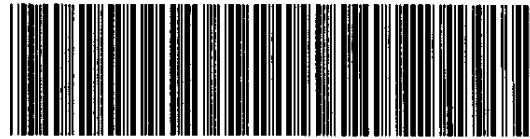
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



600263706546

09/02/14--01039--023 **25.00

FILED

14 SEP - 2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONQUESTS INTERNATIONAL FREIGHT 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:

BRIAN CONTIPELLI

(Name of Person)

BRIAN CONTIPELLI

(Firm/Company)

4454 NW 74 AVE

(Address)

MIAMI FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN CONTIPELLI

(Name of Person)

786

356-4433

at ()

(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**

FILED
14 SEP - 2 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CONQUESTS INTERNATIONAL FREIGHT LLC
2. The Articles of Organization were filed on JUN - 05 - 2009 and assigned
document number L09000054732
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).

the consent of all the members

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

4454 NW 74 AVE

MIAMI FL 33166

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:

Brian Contipelli

Signature

BRIAN CONTIPELLI

Printed Name

FILING FEE: \$25.00