

L10000009698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

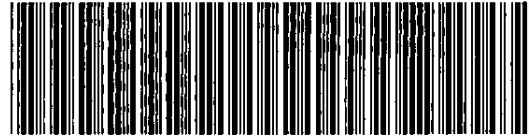
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700207920687

05/23/11--01052--012 **25.00

FILED
2011 MAY 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 24 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGENT TRANSFER & LOGISTICS
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD E JOLIN
(Name of Person)

(Firm/Company)

14461 SPYGLASS ST
(Address)

Orlando, FL 32826
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD E JOLIN at (407) 482-7760
(Name of Person) (Area Code & Daytime Telephone Number)

2011 MAY 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

1. The name of a limited liability company is

ARGENT TRANSFER & LOGISTICS

2. The Articles of Organization were filed on 1-27-2010 and assigned document number

40000009698

3. The date the dissolution was approved: 9-10-2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Filing For Permanent Disability Due to Bone
Disease unable to work. Unable then to generate
sufficient income for BOND. Currently Broke with
No Assets. NEVER TURNED A profit

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests. ONLY Asset WAS a personal Laptop USED For the

7. CHECK ONE: Business, which was sold to pay off some debt

- ☐ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

DEX one has a claim for a one YEAR agreement

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]

RICHARD E. JOLIN

FILING FEE: \$25.00

FILED
2011 MAY 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA