

L10000 107259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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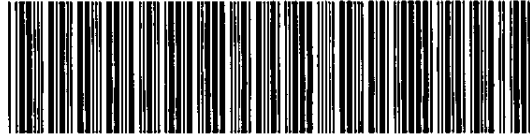
(Business Entity Name)

(Document Number)

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15 APR 30 PM 4:17  
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TALLAHASSEE, FLORIDA

RECEIVED MAY 06 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SONNY TRANSPORT, LLC. DISSOLUTION  
(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:

AJUE MICHAEL DAVID  
(Name of Person)

SONNY TRANSPORT, L.L.C.  
(Firm/Company)

5326 TWINE ST.  
(Address)

ORLANDO, FL 32821  
(City/State and Zip Code)

For further information concerning this matter, please call:

AJUE MICHAEL DAVID at (407) 399.6564  
(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:**  
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

SONNY TRANSPORT, L.L.C.

2. The Articles of Organization were filed on OCT. 1, 2010 and assigned

document number L10000103297

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 OCCURANCE THAT RESULTED IN SONNY TRANSPORT'S  
DISSOLUTION IS: MEDICAL REASONS, I AM UNABLE  
TO DRIVE A TRUCK.

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

\_\_\_\_\_  
\_\_\_\_\_

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

AJUE MICHAEL DAVID  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SONNY TRANSPORT, L.L.C.

Document number of Limited Liability Company is: L10000103297

Date of dissolution was: APRIL 27, 2015

Description of information that must be included in a written claim:

AS OF THIS DATE, THERE ARE NO CURRENT CLAIMS  
TO SONNY TRANSPORT, L.L.C.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

AJUE MICHAEL DAVID  
5326 TWINE ST.  
ORLANDO, FL 32821

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

AJUE MICHAEL DAVID  
Printed Name of the Person Filing

Ajue  
Signature of the Person Filing