

L10000108219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

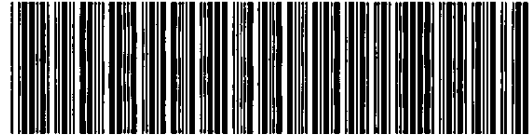
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/18/14--01019--016 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 18 PM 4:01

JUL 18 2014  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EZ Ride 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:

Frank White

(Name of Person)

(Firm/Company)

5705 Pensacola Blvd

(Address)

Pensacola, FL 32505

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank White

(Name of Person)

at ( 850 ) 479-4700

(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

EZ Ride LLC

2. The Articles of Organization were filed on October 18, 2010 and assigned

document number L10000108219

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: \_\_\_\_\_

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

Frank White

Printed Name

**FILING FEE: \$25.00**

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DIVISION OF CORPORATIONS  
16 JUL 18 PM 4:01

## 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: EZ Ride LLC

Document number of Limited Liability Company is: L10000108219

Date of dissolution was: Date of filing

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

Your name; the organization you represent in making the claim (if applicable); your  
address & number; a description of the nature of your claim, the incidents giving rise to  
it, any actions you took to resolve the claim and the results of those actions; evidence  
available to you which supports the claim, including the identity & contact info of people  
who can provide relevant info; the remedy you seek; any other info we should consider.

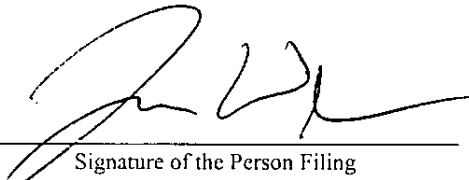
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Frank White  
5705 Pensacola Blvd  
Pensacola, FL 32505

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DIVISION OF CORPORATIONS  
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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.

Frank White  
Printed Name of the Person Filing

  
Signature of the Person Filing