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COVER LETTER

Division of Corporations			
SUBJECT: HBT Dra	ensportation LLC		
SUBJECT: HBT Dransportation LLC (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted	f for filing.		
Please return all correspondence concerning this matter to the	e following:		
Beverly Hoope	ے of Person)		
HBT Dransportation, LLC			
(Firm/Company)			
8425 Sophist Circle W.			
(,,,	Porida 32219-3640 and Zip Code)		
For further information concerning this matter, please call:			
Benerly Hooper (Name of Person)	at (904) 534 - 244 ((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	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The	HBT Iransportation, LLC.
2. The	e Articles of Organization were filed on $\frac{12/22/10}{}$ and assigned
doc	cument number <u>L10000130571</u>
No	e delayed effective date the dissolution if not effective on the date of filing: 8/3//2/ (effective date cannot be prior to or more than 90 days later than date document is received for filing) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sted as the document's effective date on the Department of State's records.
4. A c 605	description of occurrence that resulted in the limited liability company's dissolution pursuant to section .0707. Florida Statutes, (copy 605.0707 on back cover letter).
	COVID-19 Pandemic
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	SSE TO
	here are no members, enter the name and address of the person appointed to wind up the company's ivities and affairs: Beverly Hooper
	8425 Sophist Circle W.
	ivities and affairs: Beverly Hooper 8425 Sophist Circle W. Jacksonville, Florida 32219-3640
6. Sig above	mature of an authorized person or if there are no members, the signature of the person appointed and listed to wind up the company's activities and affairs:
Ber	verly Hooper Signature Beverly Hooper Printed Name

FILING FEE: \$25.00