

L11000019069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED

2014 JUN 20 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN 24 2014

**COVER LETTER**

Registration Section  
Division of Corporations

**SUBJECT:** ALL OVER FLO TRANSPORTATION, 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:

HUGO A. RAMIREZ

(Name of Person)

ALL OVER FLO TRANSPORTATION, LLC

(Firm/Company)

815 MAGNOLIA DRIVE

(Address)

ALTAMONTE SPRING, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

HUGO A. RAMIREZ

(Name of Person)

407

at (

3341688

(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

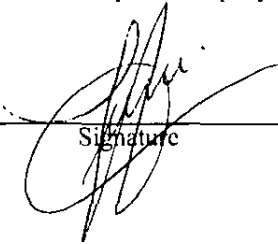
**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**  
**2014 JUN 20 AM 7:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
ALL OVER FLO TRANSPORTATION, LLC
2. The Articles of Organization were filed on FEBRUARY 14, 2011 and assigned  
document number L11000019069
3. The delayed effective date the dissolution if not effective on the date of filing, FEBRUARY 14, 2011  
(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).  
This business does not produce profit to me.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Hugo A. Ramirez - Manager and only member
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

Hugo A. Ramirez

Printed Name

**FILING FEE: \$25.00**