

211000021512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

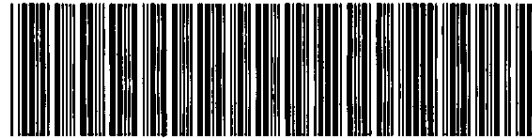
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500260104755

05/14/14--01012--011 \*\*25.00

FILED  
2014 MAY 14 PM 3:08  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAY 21 2014

BRUC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&N 7 Day Transportation & Tour Services, 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:

Alba M. Dillon  
(Name of Person)

A&N 7 Day Transportation & Tour Services, LLC  
(Firm/Company)

1711 35<sup>th</sup> Street, Suite # 105  
(Address)

Orlando, Florida 32839  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alba M. Dillon at (321) 377-0313  
(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)

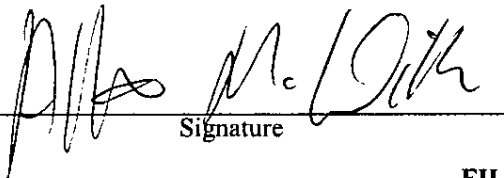
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2014 MAY 14 PM 3:08  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
AGN 7 Day transportation & tour services, LLC
2. The Articles of Organization were filed on 02/18/2011 and assigned  
document number L11000021512
3. The delayed effective date the dissolution if not effective on the date of filing: 4-15-2014  
(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).  
My partner military service have to step out for health condition,  
and I myself lost my 19 year old son in a tragic car  
accident last year on 10-4-13, I'm on grieving process cannot  
continue this business. thank.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
Alba M. Dillon - my self.  
1711 35th St, unit 105, Orlando, FL 32839. orlando  
2700 Golden Eagle pt. Lake Mary, FL 32746
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

Alba MARIA Dillon  
Printed Name

**FILING FEE: \$25.00**

STATE OF FLORIDA  
HABSEED  
2014 MAY 14 PM 3:08

FILED