

211000021512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

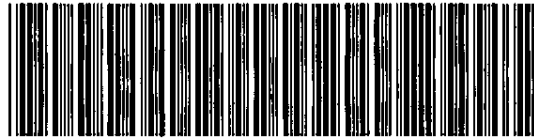
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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REGISTRY 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 35th 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) 3770313
(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)

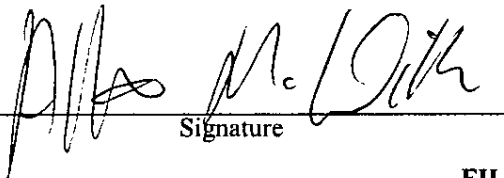
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLHASSEE, 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 Wilberly Santana 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. Thanks.
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 - oppro
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
HALL COUNTY
MAY 14 2014
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