

LI20000169085

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : I20140000047
Phone : (813) 774-4726
Fax Number : (813) 774-4726

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 15 AM 9:06

FILED

**LLC DISSOLUTION OR WITHDRAWAL
AP TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
BUREAU OF CORPORATIONS
INFORMATION SERVICES

15 APR 15 AM 10:00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP TRUCKING 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:

(Name of Person)

AP TRUCKING LLC

(Firm/Company)

135 RODNEY LN

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

MYRIAM VARGAS

(Name of Person)

at 813 774-4726

(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

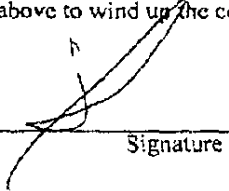
STREET/COURIER ADDRESS:

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
AP TRUCKING LLC
2. The Articles of Organization were filed on 04/15/15 and assigned
document number L12000069085
3. The delayed effective date the dissolution if not effective on the date of filing: 04/15/15.
(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).
OUT OF BUSINESS
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

MYRIAM VARGAS

Printed Name

FILING FEE: \$25.00

FILED

2015 APR 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

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: AP TRUCKING LLC

Document number of Limited Liability Company is: L12000069085

Date of dissolution was: 4/15/15.

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

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

AP TRUCKING LLC

135 RODNEY LN

TAMPA, FL 33615

2015 APR 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

ALEXANDER CRUZ CRESPO

Printed Name of the Person Filing


Signature of the Person Filing