

L12 000 116109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

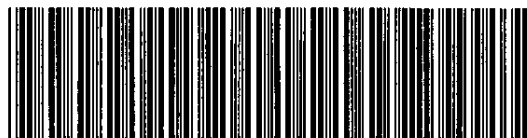
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IZ TRANSPORT, 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:

ISIDRO A. MOTOLA

(Name of Person)

IZ TRANSPORT, LLC

(Firm/Company)

247 PIMA TRAIL

(Address)

GROVELAND, FLORIDA 34736-9535

(City/State and Zip Code)

For further information concerning this matter, please call:

ISIDRO A. MOTOLA

(Name of Person)

305

300-4906

at (

(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

I Z TRANSPORT, LLC

2. The Articles of Organization were filed on SEPTEMBER 11, 2012 and assigned

document number L12000116109

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

VEHICLE BROKE DOWN AND IT WAS TOO EXPENSIVE TO FIX . NOT BEING

ABLE TO REPAIR IT I LOSS BUSINESS INCOME; THEREFORE I DECIDED TO

DISSOLUTION THE COMPANY AND GO BACK TO WORK ON THE PRIVATE

SECTOR FOR AN EMPLOYER.

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:

X 

Signature

ISIDRO A MOTOLA, MMGR

Printed Name

FILING FEE: \$25.00

14 SEP 2012 10:53 AM
CLERK OF COURT
STATE OF FLORIDA