

430000 54137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

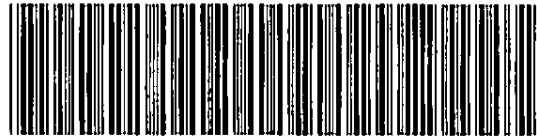
(Business Entity Name)

(Document Number)

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

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800326362528

03-18-2019 07:51 AM

FILED

2019 MAR 18 AM 7:51

MAINTENANCE

C. GOLDEN

MAR 27 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLEETCO 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:

LISA LITTLEHALE, PERSONAL REPRESENTATIVE  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

921 HICKORY TERRACE  
(Address)

BOCA RATON FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA LITTLEHALE at ( 561 ) 368-7782  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2019 MAR 18 AM 7:51

1. The name of a limited liability company is

FLEETCO LLC

DEPT. OF STATE  
TALLAHASSEE, FL

2. The Articles of Organization were filed on 4-12-2013 and assigned

document number L13000054137

3. The delayed effective date the dissolution is 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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

DEATH OF SOLE MEMBER

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LISA LITTLEHALE, PERSONAL REPRESENTATIVE

921 HICKORY TERRACE

BOCA RATON, FL 33486

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

LISA LITTLEHALE  
Printed Name

FILING FEE: \$25.00

IN THE CIRCUIT COURT OF PALM BEACH COUNTY  
FLORIDA PROBATE DIVISION

In Re: Estate of

File No. 50-2018-CP-003280-XXXX-SB

TERRY J. BOYD,

Division: **FILED**  
SOUTH COUNTY BRANCH OFFICE

Deceased.

JUL 10 2018

SHARON R. BOCK  
CLERK & COMPTROLLER  
PALM BEACH COUNTY

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, TERRY J. BOYD, a resident of Palm Beach County, Florida, died on June 12, 2018, owning assets in the State of Florida, and

WHEREAS, LISA LITTLEHALE has been appointed Personal Representative of the estate of the Decedent and has performed all acts prerequisite to issuance of Letters of Administration in the Estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare LISA LITTLEHALE duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of TERRY J. BOYD, deceased, with full power to administer the Estate according to law; to ask, demand, sue for, recover and receive the property of the Decedent; to pay the debts of the Decedent as far as the assets of the Estate will permit and the law directs; and to make distribution of the Estate according to law.

ORDERED on 7/10/18, 2018

All assets must be placed in a Restricted  
Depository, pursuant to Fla. Stat. § 69.031(1).  
No distribution without Court Order

Estate must be closed 12  
months from the date of order



STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true  
copy as recorded in my office and the  
same is in full force and effect.

THIS 10<sup>th</sup> DAY OF July, 2018

SHARON R. BOCK  
CLERK & COMPTROLLER

By Nickolas L. Bickel  
DEPUTY CLERK