

13000058760

(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



600290843696

600290843696
11/15/16--01020--018 **55.00

FILED
2016 NOV 15 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antioch Transportation 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:

Robert Scott Harris

(Name of Person)

Antioch Transportation

(Firm/Company)

201 Silver Sands Lane

(Address)

Lantana Florida 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Harris

(Name of Person)

at 561 503-0811

(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
2016 NOV 15 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Antioch Transportation LLC

2. The Articles of Organization were filed on 04/23/2013 and assigned

document number L13000058760

3. The delayed effective date the dissolution if not effective on the date of filing: ~~04/23/2013~~ 11-30-2016
(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).

Failure of health of owners

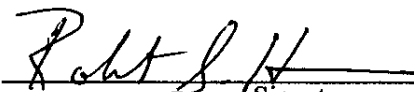
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Robert Scott Harris

201 Silver Sands Lane

Lantana, Florida 33462

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

Robert Scott Harris

Printed Name

FILING FEE: \$25.00