

L13000078875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

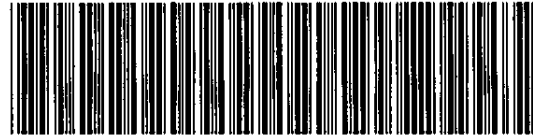
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258282548

03/28/14--01013--003 **25.00

FILED
14 MAR 28 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 02 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Star Courier Service 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:

Charles Emsden

(Name of Person)

(Firm/Company)

3931 Ocita Dr

(Address)

Orlando, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Emsden

(Name of Person)

at (407) 730-5464

(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
All Star Courier Service LLC
2. The Articles of Organization were filed on May 31, 2013 and assigned
document number L13000078875
3. The delayed effective date the dissolution if not effective on the date of filing: Date of 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).
When the insurance requirements were discovered, the business was still
in the research and development phase. The costly insurance requirements
were more than expected, and the business never really began.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Charles Emsden
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

Printed Name



Charles Emsden

FILING FEE: \$25.00

FILED
14 MAR 28 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA