

L13000095938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

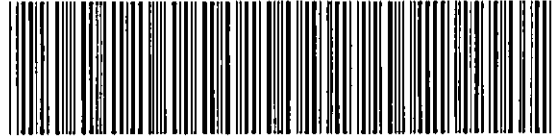
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TALLAHASSEE, FLORIDA

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V. SUIKER

FEB 05 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Logistic Alliance Services 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:

Ryan Clancy, Esq.

\_\_\_\_\_  
(Name of Person)

Ainsworth & Clancy, PLLC

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

801 Brickell Avenue, 9th Floor

\_\_\_\_\_  
(Address)

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Clancy, Esq.

\_\_\_\_\_  
(Name of Person)

305

600-3816

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Logistic Alliance Services LLC
2. The Articles of Organization were filed on July 5, 2013 and assigned  
document number L13000095938
3. The delayed effective date the dissolution if not effective on the date of filing: February 3, 2020  
(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).  
Written consent of Members owning at least seventy percent (70%) membership interest to voluntarily  
dissolve pursuant to Section 11.1 of the Operating Agreement.
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:

Maria Camila Leiva  
Signature

Maria Camila Leiva  
Printed Name

**FILING FEE: \$25.00**

2020 FEB -4 AM 11:36  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

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: Logistic Alliance Services LLC

Document number of Limited Liability Company is: L13000095938

Date of dissolution was: February 3, 2020

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

Name of Creditor and Contact Information (include mailing address, phone number, and e-mail address)

Date claim accrued

Amount of claim

Nature of claim

Copies of written agreements between the parties / statements of accounts

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

Ryan Clancy, Esq.

Ainsworth & Clancy, PLLC

801 Brickell Avenue, 9th Floor

Miami, FL 33131

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.

Maria Camila Leiva

Printed Name of the Person Filing

Maria Camila Leiva  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**