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(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SUNRISE EXPRESS 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:

	(Name of Person)	
	(Firm/Company)	
	8601 BEACH BLVD UNIT511	
	(Address)	
	JACKSONVILLE, FL, 32216 FA	2016
	(City/State and Zip Code)	MAY
r further info	ormation concerning this matter, please call:	. .
JA	SMIN 448180VIC at 904 859-9998	Δ =
	(Name of Person) (Area Code & Daytime Telephone Nugiber) 5

Enclosed is a check for the following amount:



\$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 SUNRISE EXPRESS	LLC	.	
2.	The Articles of Organization were filed on	130/2013	and assigned	
	document number <u>L /3000/07/64</u>	_		
3.	The delayed effective date the dissolution if not eff (effective date cannot be prior to or me Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department.	e applicable statutory filing	ng: 04/19/2016 e document is received for filing) g requirements, this date will not be	
	A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back I will not be in burness			0
	now to survive in the	narket, when	e loads are not	
	paid well- Unfortunaling	we must clo.	sed our company.	
5.	If there are no members, enter the name and addres activities and affairs:	s of the person appointed	to wind up the company's	1
	8EJDA	HABIBOVIC	13 SSER	П
		Blid unti 5		フ
	Sacronnll	Pt, 32	216	
6. lis	Signature of an authorized person or if there are no ted above to wind up the company's activities and a	members, the signature ffairs:	of the person appointed and	
	Jammy Habsboure	JASMIN	HABIBOVIC	
/	Signature	Printe	ed Name	

FILING FEE: \$25.00