

L14 DD00038302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status 

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2015 APR 10 PM 2:31

And Diss  
@ 4.23.15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maloon 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:

Lester Maloon

(Name of Person)

Maloon Transportation LLC

(Firm/Company)

269 SW Christmas Terrace

(Address)

PONT ST Lucie FL 34984

(City/State and Zip Code)

For further information concerning this matter, please call:

Lester Maloon

(Name of Person)

at ( 603 ) 966 7109

(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 APR 10 PM 2:31

1. The name of a limited liability company is  
Maloon Transportation LLC
2. The Articles of Organization were filed on 3-06-2014 and assigned  
document number L 14000038302
3. The delayed effective date the dissolution if 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)
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).  
TRUCKING BUSINESS FAILED DUE TO BREAK DOWNS  
and HIGH COSTS
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: LESTON MALOON  
269 SW CHRISTMAS TERRACE  
PONT ST LUCIE FL 34984
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

LESTON MALOON  
\_\_\_\_\_  
Printed Name

FILING FEE: \$25.00