## 14000083371

(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:		



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03/27/17--01019--007 \*\*25.00

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K. SALY Mar 2 9 2017

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Obsolute Transport Le			
(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:			
George Jinsey (Name of Person)			
absolute Transport Le			
(Firm/Company)			
1.0. Box 40561			
(Address)			
Melbourene, Fl. 32941-0561 (City/State and Zip Code)			
For further information concerning this matter, please call:			
George Jimsey at (772) 260 62/3 (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  STREET/COURIER ADDRESS: Registration Section			

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ŗ	ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY  20/7 Map o	
1.	The name of a limited liability company is  The Articles of Organization were filed on C5-22-14 and assigned	}
2.	The Articles of Organization were filed on $05-22-14$ and assigned	
	document number <u>L 1400008337</u> /	
3.	The delayed effective date the dissolution if not effective on the date of filing: 03-31-12  (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).	
	Closing Business	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
	F.O. Box 410561	
	melbourne, Fl. 32941-0561	
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:	
<u>_</u>	Signature Geologe Insert	

FILING FEE: \$25.00