

L14 000 116 995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

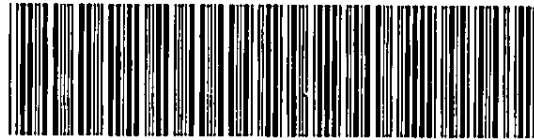
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/14/19--01017--013 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 NOV 14 PM 12:36

LLC  
Correction  
with piece  
notice  
DC

12/23/19  
DC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FORTORE CARGO 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:

**Donato Vinciguerra**

(Name of Person)

**Fortore Cargo LLC**

(Firm/Company)

**11466 SW 9th St.**

(Address)

**Davie FL, 33325**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Donato Vinciguerra**

(Name of Person)

at **954 319-1613**

(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

FORTORE CARGO LLC

2. The Articles of Organization were filed on 07-25-14 and assigned

document number L14000116995

3. The delayed effective date the dissolution if not effective on the date of filing: 07/30/2019

(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).

The business was at a huge deficit and company was not making any money to keep the business running

asset was returned to supplier and owner's was forced to file bankruptcy

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

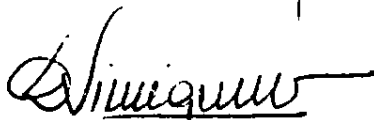
Donato Vinciguerra

11466 SW 9th St.

Davie FL, 33325

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CLERK OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES

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

DONATO VINCIGUERRA

Printed Name

**FILING FEE: \$25.00**

## 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: **FORTORE CARGO LLC**

Document number of Limited Liability Company is: **L14000116995**

Date of dissolution was: **07/30/2019**

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

The business was at a huge deficit and company was not making any money to keep the business running

**asset was retured to supplier and I was force to file bankrupcy.**

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

**11466 SW 9th St.**

**Davie FL, 33325**

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.

**JONATO VINCIGUERRA**

Printed Name of the Person Filing

*Jonato Vinciguerra*

Signature of the Person Filing

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