

L14000194179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

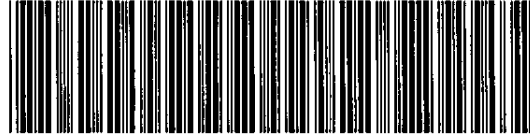
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/24/15--01009--015 **25.00

FILED
2015 APR 24 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All South Waste Haulers, 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:

Robert Thomas

(Name of Person)

All South Waste Haulers, LLC

(Firm/Company)

1100 Pond View Court

(Address)

St Johns, FL 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Thomas

(Name of Person)

904

718-9005

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/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
All South Waste Haulers, LLC
2. The Articles of Organization were filed on December 22, 2014 and assigned
document number L14000194179
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).
Company never started 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: Blake Thomas
1100 Pond View Court
St Johns, FL 32259

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:

Blake Thomas

Signature

Blake Thomas

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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