

L15000019246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

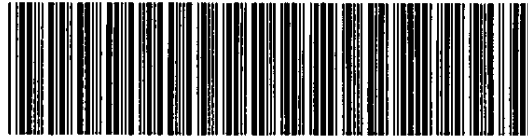
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRANS FLEET MANAGEMENT, LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LEONID CHERNOY

Contact Person

TRANS FLEET MANAGEMENT, LLC

Firm/Company

2805 OCEAN PKWY, APT 9A

Address

BROOKLYN, NY 11235

City, State and Zip Code

LCHERNOY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONID CHERNOY

Name of Contact Person

at ( 917 ) 415-1122

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

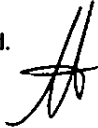
**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: TRANS FLEET MANAGEMENT, LLC
2. The document number of the company is L15000019246
3. The effective date the Dissolution was filed is 02/18/2015
4. The revocation of dissolution was authorized on 02/19/2015
5. A copy of the Articles of Dissolution is attached.



\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Feb 18, 2015**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**TRANS FLEET MANAGEMENT, LLC**

The document number of the limited liability company: L15000019246

The file date of the articles of organization: February 2, 2015

A description of occurrence that resulted in the limited liability company's dissolution:

OUT OF BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

**LEONID CHERNOY**

**BROOKLYN, NY 11235 UN**

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **LEONID CHERNOY**

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Electronic Signature of authorized person