

L15000044747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

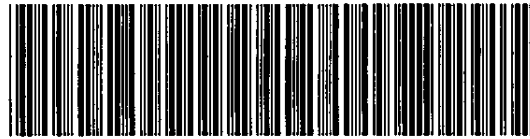
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900279116369

03/07/16--01006--019 \*\*25.00

FILED  
16 MAR - 7 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 08 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALANNAH TRUCKS, 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:

JONATHAN AUMAITRE

(Name of Person)

ALANNAH TRUCKS, LLC

(Firm/Company)

448 LAKEVIEW DRIVE, UNIT 2

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN AUMAITRE

(Name of Person)

at 954 270-5729

(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:**

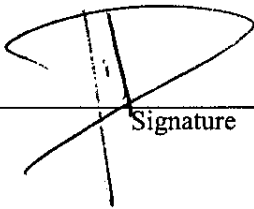
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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  
ALANNAH TRUCKS, LLC
2. The Articles of Organization were filed on MARCH 11TH, 2015 and assigned  
document number L15000044747
3. The delayed effective date the dissolution if not effective on the date of filing: DECEMBER 31ST, 2015  
(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 MEMBERS HAVE GIVEN WRITTEN CONSENT TO DISSOLVE THE COMPANY.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: JONATHAN AUMAITRE  
448 LAKEVIEW DRIVE, UNIT #2  
WESTON, FLORIDA 33326
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

JONATHAN AUMAITRE

Printed Name

**FILING FEE: \$25.00**

**FILED**  
16 MAR - 7 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA