

L15000094626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

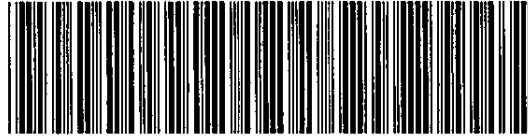
(Business Entity Name)

(Document Number)

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

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06/25/15--01007--025 \*\*25.00

FILED  
2015 JUN 25 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. Cullen JUN 26 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AL's FUN TO RIDE TOURS  
(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:

ALPHONSO WOODBURN

(Name of Person)

AL's FUN TO RIDE TOURS

(Firm/Company)

14452 GRASSY COVE CIRCLE

(Address)

ORLANDO FL 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

ALPHONSO WOODBURN at 407 739-5905  
(Name of Person) (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

FILED  
2015 JUN 25 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

AL'S FUN TO RIDE TOURS LLC

2. The Articles of Organization were filed on 06/01/2015 and assigned

document number L15000094626

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)

**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).

I thought that i would be engaged in business to run and operate a segway tour under this entity.

However after numerous attempts, i was unsuccessful and did not obtain that business.

In order to reduce burden of paperwork and related cost of filing, I have decided to close the business and

file the dissolution.

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

ALPHONSO WOODBURN

14452 GRASSY COVE CIRCLE

ORLANDO FL 32824

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

ALPHONSO WOODBURN

Printed Name

FILING FEE: \$25.00