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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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PALLAHASSEE, FLORIDA

JUL 2 6 2016 Y SULKER

COVER LETTER

TO:

Registration Section Division of Corporations

D & R Tampa Bay Transport 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:

Rosa E Companioni (Name of Person) D & R Tampa Bay Transport LLC (Firm/Company) 6704 Commodore Way Tampa FL 33615

(City/State and Zip Code)

Rosa E Companioni

For further information concerning this matter, please call:

(Name of Person)

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					
	D & R Tampa Bay Transport LLC					
2.	The Articles of Organization were filed on 07/19/2016 and assigned					
	document number L15000182397					
3.	The delayed effective date the dissolution if not effective on the date of filing: 07/19/2016 (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).					
	Closing Business					
	55 L					
5.	If there are no members, enter the name and address of the person appointed to wind up the company					
	activities and affairs:					
	DRA TO					
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:					
	Morphille Bosa E. Companione					
	of Signature /					
	/ 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: D&R lampa Bay Iranspo	on LLC
Document number of Limited Liability Company is: L15000182397	
Date of dissolution was: 07/19/2016	
Description of information that must be included in a written claim:	16 J
Closing Business	JUL 25
	35 3 3 3 3 3 3 3 3 3 3
	# F C -
Mailing address where claims can be sent: (Claims cannot be sent to the Division of 6704 Commodore Way	i Corporations)
Tampa FI 33615	
A claim against the above named limited liability company will be barred unless a plant is commenced within 4 years after the filing of this notice.	proceeding to enforce the
Rosa E Companioni	ini
Printed Name of the Person Filing Signature of t	the Person Filing

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