

LIS 000 210934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

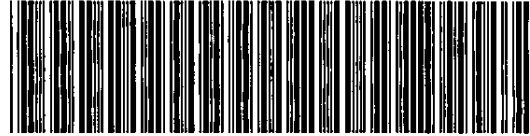
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700289182367

08/22/16--01040--001 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP 26 3:28

FILED

D. BRUCE
SEP 28 2016

September 20, 2016

Attention: Deborah Bruce

A check of \$25.00 was sent to the state and cashed for ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY, TRANSPORTE MANZANO LLC, Document number L15000210934.

At the time we weren't sure so we cancel the process and you put in hold. Today we decided to go ahead and close the corporation.

This letter is to request for ARTICLES OF DISSOLUTION FOR A LIABILITY COMPANY, TRANSPORTE MANZANO LLC, Document number L15000210934,

Thank you.



JHON J MANZANO

MGR

2016 SEP 26 12:18:55 PM
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

ALBA E. VIVAR
MIAMI DISPATCH & CARRIER SERVICES
8040 NW 95TH ST, STE 106
HIALEAH GARDENS, FL 33016

SUBJECT: TRANSPORTE MANZANO LLC
Ref. Number: L15000210934

We have received your document for TRANSPORTE MANZANO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00018092

2016 SEP 26 P 3:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSPORTE MANZANO 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:

ALBA E VIVAR

(Name of Person)

MIAMI DISPATCH & CARRIER SERVICES

(Firm/Company)

8040 NW 95TH ST STE 106

(Address)

HIALEAH GARDENS, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBA E VIVAR

(Name of Person)

at (305) 822-0255

(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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 SEP 26 P 3:28

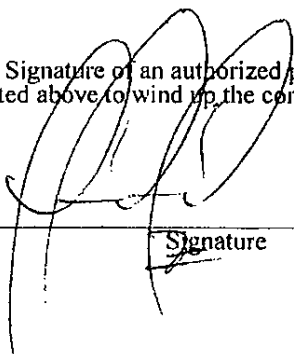
FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
_____ TRANSPORTE MANZANO LLC _____
2. The Articles of Organization were filed on 12/21/2015 and assigned
document number L15000210934
3. The delayed effective date the dissolution if not effective on the date of filing: 08/16/2016
(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).
OUT OF 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:

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

JHON J MANZANO

Printed Name

FILING FEE: \$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2016 SEP 26 P 3:28

FILED