

L16000037258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

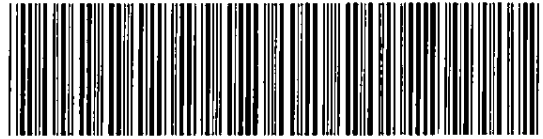
(Document Number)

Certified Copies _____ Certificates of Status _____

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200418436302

01/19/24--01002--019 **25.00

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JAN 19 PM 5:10
STATE
FL

RECEIVED
2024 JAN 19 PM 12:40
RECORDS & MAIL
TALLAHASSEE, FL 32303

R. HUNT

01/19/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital City Transportation 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:

Antwain Winfield
(Name of Person)

2740 W Tharpe St 404
(Address)

Tallahassee, Florida 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Antwain Winfield at (850) 661-2455
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
TALLAHASSEE, FL
JAN 11 1999 PM 5:10

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

1. The name of a limited liability company is

Capital City Transportation LLC

2. The Articles of Organization were filed on 2-24-2016 and assigned

document number L16000037258

3. The delayed effective date the dissolution if not effective on the date of filing: 1-14-2024
(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).

To Much overhead and little cash flow.

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

Antwain Winfield
2740 W Tharpe Street
Tallahassee, Florida 32303

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

Antwain Winfield

Printed Name

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

Description of information that must be included in a written claim:

2010-11-19 PM 5:10
STATE
FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

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