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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	, #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. SCOTTJAN 4 2017

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

AVALON 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:

Sharon Butera

(Name of Person)

Avalon Transport, LLC.

(Firm/Company)

2500 W. Lake Mary Blvd., Ste 107

(Address)

Lake Mary, FL 32746-3501

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Butera

..407

496-0631

(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

I. The name of a limite Avalon Transport, LL	• • •
	nization were filed on May 16, 2016 and assigned
document number L	
Note: If the date inse	e 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) writed in this block does not meet the applicable statutory filing requirements, this date will not be t's effective date on the Department of State's records.
4. A description of occ 605.0707, Florida Sta	urrence that resulted in the limited liability company's dissolution pursuant to section atutes, (copy 605.0707 on back cover letter).
Reconsideration of bus	iness activity due to inability to obtain licensing. No business conducted.
5. If there are no memb	pers, enter the name and address of the person appointed to wind up the company's
	Sharon Butera
	2500 W. Lake Mary Blvd., Suite 107
	Lake Mary, FL 32746-3501
 Signature of an authoristed above to wind up 	orized person or if there are no members, the signature of the person appointed and the company's activities and affairs:
Sharon	Buttera Sharon Butera
Sign	ature Printed Name

FILING FEE: \$25.00