

L17000144708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arms of Arcadia Mortuary Transport LLC - FRAUDULENTLY SET UP
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stacey Johnson

(Contact Person)

Fraudulently registered as
arms of arcadia mortuary transport LLC
(Firm/Company)

12743 Chestnut St.

(Address)

Southgate mi 48195

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacey Johnson

(Name of Contact Person)

at (734) 771-2842

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Please contact me with
any questions or suggestions
on how to prevent my name
from being used in this fraudulent

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

1. The name of a limited liability company is
ARMS OF ARCADIA MORTUARY TRANSPORT LLC

2. The Articles of Organization were filed on 7/6/17 and assigned
document number L17000144708

3. The delayed effective date the dissolution if not effective on the date of filing: effective immediately
(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).

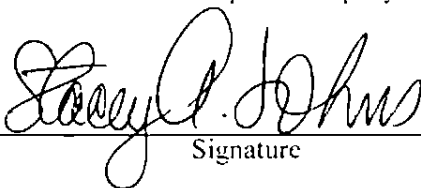
My identity (Stacey Johnson) was fraudulently used to open this LLC company - Please dissolve immediately!

The identities of Anthony Rook and Hugh Rook (deceased) were also fraudulently used for this LLC

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

12743 Chestnut Southgate MI 48195

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

STACEY A. JOHNSON
Printed Name

FILING FEE: \$25.00