

L18000036391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

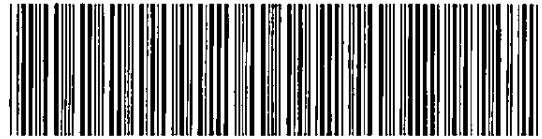
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600424364716

LLC dissolution

FILED
2024 MAR 12 PM 12:38

RECEIVED
2024 MAR 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 13 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/12/2024

Acc#I20160000072

en: c DW

Name:	Neutral Transport LLC
Document #:	
Order #:	15435254

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 MAR 12 PM 12 38

1. The name of a limited liability company is
Neutral Transport LLC

2. The Articles of Organization were filed on February 8, 2018 and assigned
document number L18000036391

3. The delayed effective 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)
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).

Written Consent of Member

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

Geoff Anderman

Printed Name

FILING FEE: \$25.00