

JUL 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On The Move Florida 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:

Cindy Sprau

(Name of Person)

On The Move Florida LLC

(Firm/Company)

5241 Sabal Trace Drive

(Address)

North Port, FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Sprau

(Name of Person)

at (419) 889-5657

(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**

1. The name of a limited liability company is
On The Move Florida LLC

2. The Articles of Organization were filed on 03/18/2018 and assigned
document number L18000070246

3. The delayed effective date the dissolution if not effective on the date of filing: 05/31/2019
(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).
Business closing down.

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

5241 Sabal Trace Drive

North Port, FL 34287

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:

X 
Signature

Cindy Sprau

Printed Name

FILING FEE: \$25.00

FILED
2019 JUL -5 AM 11:33
CLERK OF COURT
STATE OF FLORIDA