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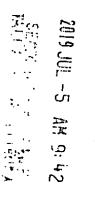
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO:

Registration Section Division of Corporations

On The Move Florida LLC

SUBJECT:

(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)

(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

١.	The name of a limited liabil On The Move Florida LLC	ity company is			
2.	The Articles of Organization	were filed on 03/1	8/2018	and assigned	
	document number L180000	70246			
3.	Note: If the date inserted in t	ve 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) serted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.			
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the copy 605.0707 on b	limited liability com back cover letter).	pany's dissolution pursuant to section	
	Business closing down.				
5.	If there are no members, en activities and affairs:	er the name and add	dress of the person ap	oppointed to wind up the company's	
		5241 Sabal Trace	Drive		
		North Port, Fl 34287			
6. lis	Signature of an authorized pated above to wind up the cor	person or if there are npany's activities ar	e no members, the signd affairs:	gnature of the person appointed and	
Cively Loon			Cindy Sprau		
Signature				Printed Name	

FILING FEE: \$25.00