

L18000158664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

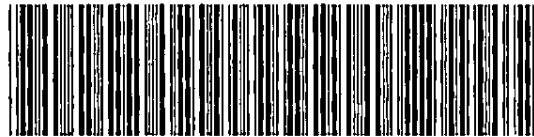
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600325877056

03-15-19 09:23:23

FILED
2019 MAR 15 AM 9:23

Art Diss

MAR 26 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **A&R FOOD TRUCK 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:

ANTHONY MORSE

(Name of Person)

(Firm/Company)

907 LA TERRAZA LANE

(Address)

KISSIMMEE, FL. 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY MORSE

(Name of Person)

407 5723226

at (_____) _____
(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**

FILED
2019 MAR 15 AM 9:23
CLERK OF COURT
STATE OF FLORIDA

1. The name of a limited liability company is
A&R FOOD TRUCK LLC

2. The Articles of Organization were filed on 06/28/2018 and assigned
document number L18000158664

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).
NEVER USED

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

907 LA TERRAZA LANE

KISSIMMEE, FL. 34741

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

ANTHONY MORSE

Printed Name

FILING FEE: \$25.00