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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
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R. WHITE.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BILLY INJ. (Name of Limited	Trucking d Liability Company)				
The enclosed Articles of Dissolution and fee(s) are submitte	ed for filing.				
Please return all correspondence concerning this matter to the	ne following:				
Patria Denni	Ġ.				
1					
(Firm/Company)					
4740 NE 1st Terrac					
Deerfield Beach IL 33064					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Patricia Dennis	at (- 5tl.) 255-1833 (Area Code & Daytime Telephone Number)				
(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	Street Address: Registration Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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			2020:
. The name of a limited liab	bility company is Bizzy	\mathcal{I}_{7xx}	Trucking
		, - 20/	1 Vacking
. The Articles of Organizati	ion were filed on5	12/2014	and assigned
document number	ETN 83-461427	1	
Note: If the date inserted it	e the dissolution if not effective date cannot be prior to or more to this block does not meet the affective date on the Department of	pplicable statutors	filing requirements, this date will not b
. A description of occurrence 605.0707, Florida Statutes.	ce that resulted in the limited (copy 605.0707 on back co	l liability compa ver letter).	ny's dissolution pursuant to section
Nolona	has truck, lost	t of inco	1 Carrent
		, <u> </u>	ary Cunnol
Sustain bu	Sincs		
		<u></u>	
If there are no members, e	enter the name and address of	the parcen appe	pinted to wind up the company's
	mer the name and address of	the person appe	onited to wind up the company's
activities and affairs:			
	Vatria (() comit	
		V CVIIII S	
	4740 NE	1st Terra	il
	Deerhold Be	uch fl	33064
Signature of an authorized pove to wind up the compan	person or if there are no me y's activities and affairs;	mbers, the signa	ture of the person appointed and list
1		\sim	
NI		(,)	. () ~
1/201/		Vatro	na Vennis
Signature			Printed Name

FILING FEE: \$25.00